

**COUNSELLOR-CLIENT ETHNIC
DIFFERENCE:
THE THERAPEUTIC PROCESS,
RELATIONSHIP
AND COMPETENCE**

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ABSTRACT

British society continues to change and grow with more and more people identifying as belonging to a minority ethnic group. As such the nature of individuals presenting to therapy is also changing and counselling psychologists are coming into more contact with clients who are ethnically 'different' from themselves. The literature on multicultural counselling has tended to focus on the needs of the minority ethnic client and the voice of the White therapist is notably absent. The current study aims to address this by exploring the experiences of White therapists working with clients from a different ethnicity. Six White counselling psychologists were interviewed using semi-structured interviews and their accounts were analysed using Interpretative Phenomenological Analysis (IPA).

Three super-ordinate themes were identified: 1) Different worlds, 2) The reality of experience and 3) What is competence? The analysis highlights elements of the participant's experiences that were important for them with regards to their multicultural practice. It was recognised that minority ethnic clients are likely to view the world, and indeed the process of therapy itself, differently and this would have implications for the therapeutic relationship and how the participant's approached the process of therapy. There was also an acknowledgment of the different skills and knowledge that they would need to work effectively with minority ethnic clients. Nevertheless, the results (in particular theme two) also indicated that talking about ethnic difference between themselves and clients was something that the participants mostly avoided and there was a sense of uncertainty and anxiety about actually 'naming' ethnicity as something to be worked with during the therapy process. This was also demonstrated more generally throughout all the themes as the participants had a tendency to talk in general, theoretical terms rather than about their own personal experiences which implies that issues relating to ethnicity are difficult to discuss for White psychologists.

The study recommends that counselling psychology would benefit from future research exploring the reasons as to why White therapists might find it difficult

to have conversations about ethnic difference with their clients, and indeed about ethnicity more generally. It is also proposed that in order to help therapists become more competent and confident in this area some definitive guidelines for multicultural counselling competencies need to be developed and implemented. These should also be incorporated into counselling training programmes so that all practitioners may become more comfortable and familiar with engaging in discourse around multicultural practice.

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CHAPTER ONE: INTRODUCTION

In the 1980's as an Indian girl growing up in South East London, ten minutes down the road from the British National Party headquarters, I quickly learnt to 'assimilate' myself with the majority. I learnt that to talk about my ethnicity and culture highlighted my difference from those around me and resulted in me feeling that I did not 'fit'. I learnt to deny my experiences of racism and this too was something that should not be spoken about. Many years later I began working in the Prison Service's Race Equality Group which involved delivering training to prison officers on how to work with minority ethnic prisoners more effectively and appropriately. I dreaded those sessions; walking in to a room full of mostly White prison officers, with their arms across their chests, looking angry and defiant, and obviously not wanting to be there. It soon became clear that the reason for this was that they thought we were accusing them of being racist but I desperately wanted to be able to have open and honest discussions about what it was like for them managing issues of race equality in their work and how we could support them in this.

During my counselling psychology training I was struck by how little ethnicity was spoken about and felt that the half day (out of four years) lecture on racial and cultural issues was not sufficient in terms of placing this as an area that would potentially affect all aspects of practice. Given that an individual's ethnicity is (arguably) likely to influence their interactions and relationships with others led me to question why this would be the case. My experiences have led me to believe that race and ethnicity is something that people, and White people in particular, are afraid to talk about for fear of being accused of being racist or offensive. If we could take this out of the equation, for example, by taking the focus away from using the 'correct' terminology and creating a safe space for people to express how living in a multicultural society feels for them, then I feel this would significantly progress the goal of achieving understanding and harmony as opposed to 'tolerance'. I believe it would also help to lessen the concept of difference in that race and ethnicity can be something that belongs to everybody rather than the 'other' or the

minority. My own personal experiences have created a passion for contributing to this endeavour.

The words race, culture and ethnicity are often used interchangeably although have different meanings. Fernando (2010) offers a useful description of each of these terms, shown in table 1.1. For the purposes of this study the term ethnicity has been adopted as it captures an individual's sense of identity and belonging, reflecting both culture and race (Fernando, 2010; Palmer, 2002) and thus will affect how people present themselves and relate to others, in this case, within the therapeutic process.

Table 1.1: Race, culture, and ethnicity (Fernando, 2010)

	Characterised by	Perceived as	Assumed to be	In reality
Race	Physical appearance	Physical, permanent	Genetically determined	Socially constructed
Culture	Behaviour, attitudes, etc.	Social, changeable	Passed down by parents/parent substitutes	Variable and changeable blue-print for living
Ethnicity	Sense of belonging	Psychosocial, partially changeable	How people see themselves in terms of background and parentage	Culture-race mixture

Laungani (2002) discusses how, historically, psychology was led and dominated by American psychology which was largely culture-blind. He argues that Western psychologists could not, or would not, recognise how ethnicity impacted on the development of the human psyche and that some of

the apparent differences in the beliefs, attitudes, values and behaviours of different people were a reflection of their cultural backgrounds. The 1960's saw a distinct change in this position and cross-cultural psychology began to emerge as a distinct discipline (Jahoda & Krewer, 1997) and the research in this area began to grow. However, Laungani asserts that the focus of cross-cultural psychology continues to place emphasis on the testing of hypotheses which are derived from mainstream psychological theories. As such, greater importance appears to be placed on how traditional, Western, psychological approaches can be effectively applied to minority ethnic clients whilst taking into account the differences that arise due to ethnicity.

The endeavour to determine how ethnicity may affect the therapeutic process has been widely investigated in the literature which has largely been from the perspective of the ethnic minority client. In particular there have been numerous studies looking at 'ethnic matching' and whether clients have a preference for a therapist of the same ethnicity as themselves (e.g. Chang & Berk, 2009; Helms & Carter, 1991; Constantine, 2001) although findings remain inconclusive. Within the literature on cross-cultural psychology there is a paucity of empirical research that involves the voice of the therapist, specifically their perspective and experience of working with ethnically different individuals. Whilst it is important to investigate the needs of minority ethnic clients and develop more effective and appropriate therapeutic approaches, it could be argued that the needs of the therapist are overlooked with respect to this area of practice.

The literature argues that it is important for therapists to acknowledge the difference in ethnicity between themselves and their clients as this represents a genuine commitment to understand elements of cultural diversity in relation to the client (Day-Vines, Wood, Grothaus, Craigen, Holman, Dotson-Blake & Douglass, 2007; Zhang & Burkard, 2008). However, the research suggests that therapists often experience anxiety and discomfort when discussing racial issues which leads to the avoidance of these conversations during the therapy process. Bhui (2012) proposes that when the issue of ethnicity does arise it can be difficult for the therapist and client to know how to further the

discussion as it may lead to different and deep-seated responses from either. As a result of this reluctance and uncertainty many researchers have argued that there is a need to better prepare practitioners to have, what can be, difficult dialogues about race, culture and ethnicity. To this end there have been a number of proposals outlining multicultural counselling competencies although the extent to which these have been incorporated into training programmes and mainstream practice is limited.

Zhang & Burkard (2008) highlight that very few empirical studies have investigated client and counsellor ethnic difference and the effect of this on the counselling process. There are a few researchers that have carried out such work (e.g. Thompson & Jenal, 1994; Fuytes, Mueller, Chauhan, Walker & Ladany, 2002; Knox, Burkard, Johnson, Suzuki & Ponterotto, 2003) although again this has largely been from the perspective of the client and the majority of this effort has taken place in North America. As Lago highlights, “what is required is a substantial research effort set within the context of British therapeutic practice and British culture” (Lago, 2006, pg. 169).

This study aims to address the lack of research literature (particularly in Britain) which considers how White therapists experience differences in ethnicity between themselves and their clients. The emphasis will be on the therapists’ perceptions of how ethnic difference may have impacted on the therapy process and therapeutic relationship. It is hoped that by taking the focus away from issues such as language or specific factors related to their practice, this will create a safer environment which can encourage a more open dialogue about what it is actually like and how it feels for the White therapist in an ethnically different therapeutic dyad. In addition, they will be invited to comment on what skills they believe are important when working with clients from minority groups and how confident they feel in these circumstances. It is anticipated that the findings will highlight some of the many complex issues that confront therapists when working with clients from different ethnicities to their own which should be borne in mind with all professional practice.

CHAPTER TWO: LITERATURE REVIEW

The 1960's saw a rise in interest from counselling researchers and practitioners in what has been termed multicultural counselling (Moodley, 2007). Clarkson & Nippoda (1997) point out that as Britain is becoming an increasingly multi racial society, counsellors and therapists are coming into contact with clients from a diverse range of racial and ethnic groups. As such it is important that therapists remain responsive to cultural issues, including race and ethnicity, in order to ensure the development and maintenance of effective cross cultural therapy relationships (Atkinson & Lowe, 1995; Helms, 1984; Sue & Sue, 2002).

According to the 2011 census 14% of people in England and Wales identified as non-'White' compared to 5.9% in 1991¹. This period has seen the number of people identifying as being from a minority ethnic background (defined here as all non-'White' census categories) more than doubling from 3 million to 7.9 million and so highlights the ever changing nature of British society. Within the category of ethnic minority there exists a significant range of ethnicities comprising of a myriad of origins all of which will experience different opportunities and realities of life in this country. Lago (2006) highlights that both counsellors and clients are participants in this climate and so will be influenced by the complex social and political forces that exist in society. As such therapists need to recognise their own attitudes and assumptions about those who are culturally different in order to ensure that they may limit the impact of these on the therapeutic process and develop ways of working that are appropriate and sensitive to the needs of minority ethnic clients (Fernando, 2010).

¹ Source: ONS.gov.uk (Office for National Statistics). It is worth noting that since 1991 the census has altered its definition of the 'White' category, introducing four sub-categories: White British, White Irish, White Gypsy/Traveller, and White Other. It is acknowledged that this has an impact on the validity of a strict statistical comparison but for purposes of this study still offers a useful illustration of change.

2.1 Traditional approaches to therapy

Lago and Thompson (2002) argue that traditional methods of counselling psychology are “culturally encapsulated within a white Western view of the world and are consequently insensitive and totally inappropriate in their unthinking application to all counselling situations” (pg. 4). Nadirshaw (1992) echo’s this point suggesting that traditional counselling methods do not meet the needs of minority ethnic individuals as they are generally based on ethno and Eurocentric assumptions. She asserts that statutory services hold a ‘colour blind’ approach where it is believed that everyone’s needs are the same and can be met using Western ways of thinking. Similarly Sue, Ivey, & Pedersen (1996) suggest that theories of counselling which have their foundations in Euro-American culture will reflect the values, philosophies and language of that culture and so cannot be effectively applied to minority ethnic individuals.

Given the above Laungani (2002) cautions that Western psychologists believe that the world is as they see it and that other people also see the world in this way. Laungani describes that historically there has been a ‘cultural blindness’ amongst Western psychologists where there was an inability or unwillingness to acknowledge the vital role that culture played in the development of the human psyche as this did not fit with their vision of scientific psychology. He argues that due to these issues cross cultural or multicultural counselling began to emerge as a distinct discipline in the 1960s.

2.1.1 Multi cultural counselling

Tatar & Bekerman (2002) refer to the multicultural approach in counselling as “the recognition of the variety of ethnic cultural backgrounds of those involved in the counselling situation and the need to account for this variety in our efforts to better counselling practice” (pg. 376). Lago and Thompson (2002) suggest that two schools of thought exist with regards to counselling and ethnicity; those that believe the knowledge and skills of counselling are all that is required to work with any client and those that assert therapists need to

have specialist knowledge of, and sensitivity to, race relations in Britain in order to deliver effective practice. This latter view composes a number of different elements including that knowledge of the history between different racial groups is essential in order to understand the relationships between minority ethnic and White people today, as well as an understanding of the issues of power, discrimination and stereotyping in society.

Newland & Patel (2004) state that therapeutic services are frequently embedded within institutional structures where institutional racism has been found to exist, for example the National Health Service (Alexander, 1999). As therapists engage with an increasingly culturally diverse population they need to develop the competence to meet the expectations and the rights of these individuals.

2.1.2 The impact of racism in counselling psychology

As stated above, it is important to understand the history of the interaction between White and minority ethnic people in order to appreciate the complexities of how this 'plays out' in the therapeutic encounter. Fernando (2010) illustrates how the initial classifications of races occurred in a context where the words 'black' and 'white' were associated with notions of good and bad which formed the basis of racial prejudice. Fernando goes on to describe how factors such as slavery and colonialism created the foundations of white superiority and black inferiority. Whilst the picture has dramatically altered over time as a result of social and political changes the presence of racism remains, albeit in different manifestations. For example, rather than overt behaviours racism is present in the institutionalised structures of society (Fernando, 2010) where Black people do not have equal access to the opportunities and provisions that exist within Britain (Jumaa, 1993; Skellington & Morris, 1992; Pontoretto, J. G. & Pedersen, P. B., 1993). D'Ardenne & Mahtani (1999) discuss the issue of transference in transcultural counselling and state that clients who have had experienced a lifetime of racial prejudice will bring the 'scars' of these experiences to the relationship.

Lago & Thompson (2002) assert that the issue of racism needs to be addressed by counsellors in training for them to be able to work in today's multicultural society. They acknowledge that most therapists would not view themselves as holding racist beliefs but suggest that the range of mechanisms, perceptions and experiences that White psychologists have been exposed to throughout their lives will have a negative impact in cross-cultural counselling if they remain unconscious. They recognise that for most people the journey of exploration into the issues of racism will be a difficult and painful experience.

2.2 World views

Triandis (1995) suggests that Western cultures are predominately individualistic and non-Western cultures are characterised by communalism. People in individualistic cultures are believed to have an existence that is independent of others and are separate and self sufficient (Owusu-Bempah, 2001). Communal cultures, however, are group orientated where people are deeply connected to others and society as a whole and where group interests take precedent over the needs of the individual. Therefore the concept of the person (or self) is a social rather than a psychological concept. This difference in how people see themselves and the context in which they exist will undoubtedly affect the process within ethnically different therapeutic dyads (Fernando, 2010).

Laungani (2004) also discusses the differences in the world views of the therapist and the (minority ethnic) client. For example, in some Eastern cultures healers and gurus are held in high esteem and clients believe that they can 'solve' their problems which creates a hierarchical relationship between therapist and client. As a result they seek guidance from the therapist. However, the therapist subscribes to a euro-centric model whereby individuals are self-determining beings who have the cognitive and emotional ability to resolve their problems. Thus the Western therapist would be unwilling to adopt a more directive role that the Asian client expects of him. Laungani argues that the therapist's and client's world views represent a clash

of cultures which will impede the therapeutic process. As such professionals need to take the time to understand the belief systems, values and traditions that differ from their own.

As well as ethnic difference leading to disparities in how the therapist and client view the world it can also affect how people see the whole concept of therapy. There can exist the view amongst minority ethnic groups that personal problems should not be discussed outside of the family (Edwards, 1983) and this can lead to reluctance or hostile reactions in therapy. When this occurs Nadirshaw (1997) argues that this can often elicit a defensive response from the therapist. Alladin (2002) argues that it is essential for counsellors to use a model of racial identity in order to understand what can become a block in the therapeutic relationship. This involves the need for professionals to take the time to understand the belief systems, values and traditions that differ from their own (Hughes, 2006).

2.3 The issue of ethnic matching

Given the above discussion regarding world views it could be argued that the 'solution' would be to match the client and therapist in terms of ethnicity where possible. Karlsson (2005) suggests that one of the most common questions in multicultural counselling is whether clients prefer counsellors of the same ethnicity. The literature regarding ethnic matching of clients and therapists remains inconclusive. For example, Takeuchi, Sue, & Yeh (1995) looked at the outcomes of ethnic minority clients who used either ethnic specific services (those that have a large client base from ethnic minorities and so try to tailor services to the cultural needs of clients) or mainstream services. They found lower drop out rates and longer duration of therapy for ethnic minority clients using ethnic specific programmes rather than those using mainstream services. However, treatment outcomes did not show consistent or significant differences. The findings are still important particularly as research has shown that treatment outcome is directly related to the number of sessions in treatment (e.g. Orlinsky, Grawe, & Parks, 1994).

In contrast to the above, Erdur *et al* (2000) studied the working alliance and counselling outcomes of African American, Asian American, Hispanic and White clients in ethnically matched and non-matched counselling dyads with therapists in university and college counselling centres. They found that therapist-client ethnicity match did not affect either the working alliance or therapeutic outcome. The inconsistency of the research findings suggest that there may be other factors that have an influence on the therapy process rather than ethnic match alone. Indeed, Sue (1998) states that as ethnic match may not be effective for everyone, it is important to determine under which conditions it is important.

It should be noted that the above studies were carried out in North America (where much of the research effort in this area has taken place) and are largely based on the four main ethnic groups (Native American, African-American, Asian-American and Latino) and so excludes valuable data from the many other ethnicities that constitute British culture (Vontress & Jackson, 2004).

In a British study Farsimadon, Draghi-Lorenz & Ellis (2007) looked at the effects of ethnic matching on therapy outcome, bond with the therapist and perceived therapist credibility. They found that ethnic matching had a positive effect on the above three aspects of therapy when minority clients expressed a preference for a therapist from the same ethnic group. It is of note, however, that bond with the therapist and therapist credibility were stronger predictors of outcome than ethnic match. This not only supports Sue's (1998) assertion that ethnic match may not be for everyone but also suggests that it may be a less influential variable when considering outcomes of therapy.

The research literature in this area has yielded inconsistent findings. This suggests that issues of ethnic difference in counselling psychology cannot be addressed by simply matching client and therapist by ethnicity. It is, however, apparent that ethnicity does seem to affect the therapy process but it is the way that it manifests which remains unclear.

One of the limitations with many of the research studies on ethnic matching is that they are either analogue or archival in nature (Karlsson, 2005; Sue, 1998). Analogue studies typically do not relate to 'real life' counselling experiences as participants are usually university students who are asked to pretend to be, and respond, as clients in counselling (Farsimadon, Draghi-Lorenz & Ellis, 2007). As such, the applicability of findings to actual therapy are questionable. Archival studies in this area have tended to look at mental health out-patients or in-patients client records to explore whether ethnic matching results in more frequent attendance and lower drop out rates than ethnic mismatch (Karlsson, 2005). An issue with this type of study is that it is impossible to say whether the results are actually demonstrating the impact of ethnic matching as opposed to other variables. For example, Wierzbicki and Pekarik (1993) found that the strongest demographic variable predictive of dropout in treatment was socioeconomic status (SES) with level of education second and ethnic background as third. Archival studies, and their results, therefore, may not be the most accurate method of exploring the effects of ethnic match/mismatch as the results may reflect the influence of other variables.

2.4 The issues for white therapists

Nadirshaw (1992) outlines a number of assumptions that are held by White therapists which can impede therapeutic practice with minority ethnic people. Amongst others these include that minority groups want directive (medical) treatment rather than non-directive therapy, minority groups are homogenous rather than acknowledging the diversity that exists within these groups, they do not want to engage with mental health services, preferring to keep problems within the family or community, that it is the client's values, attitudes and ways of behaving that need to change rather than those brought by the therapist to the therapeutic encounter, a polarised view of the effect of the client's culture; that it is either a core aspect of their problems or the 'culture blind' approach where it is not acknowledged at all and the client's problem is located within the person and not a response to external factors such as discrimination and disadvantage.

2.4.1 The colour blind approach

Neville, Worthington & Spanierman (2001) suggest that to adopt a colour blind perspective “is to deny the existence of ideological and structural racism and to believe that race does not play a meaningful role in people’s lived experiences” (pg. 270). They suggest that feelings of anxiety about race, for example fear of being called a racist, may lead individuals to deny the influence of race or racism in particular situations. Frankenberg (1993) argues that this also includes a tendency amongst White individuals to emphasise the notion of ‘sameness’, in that we are all people regardless of ethnicity, as a way of rejecting the idea of White racial superiority which is uncomfortable for people to acknowledge.

Clarkson & Nippoda (1997) carried out a phenomenological study with White and minority ethnic individuals who had been in counselling and who had also delivered counselling themselves. The authors emphasised that their intention was not to study the outcome of therapy or effectiveness of training in a multicultural environment but to attempt to capture the experience of the participants. They sent out a short questionnaire to counselling organisations consisting of three open ended sentences that participants were required to complete. Their results indicated that there were a number of participants who believed that the issue of race and culture did not affect them and who instead focused on the “commonality of human beings no matter how different the race and culture” (pg. 423). One of the limitations of the study, however, is that the responses of the participants may have been constricted by the method of using a questionnaire which is less likely to provide the richness of information that could have been gained from an interview. The authors suggest that in terms of future research it would be helpful to obtain more detailed descriptions of the participant’s experiences and the processes involved than what could be gained from the short questionnaires.

Williams (1997) suggests that White counsellors can go into what she terms the ‘colour blind mode’ where the issue of race affects everybody except

White people, who are not considered a race but rather just 'normal'. As such White therapists need to start owning their whiteness as part of their identity as our attitudes about 'the other' are largely based on how we see ourselves and what we have been taught is socially normal (Dupont-Joshua, 2002). Dupont-Joshua argues that this will undoubtedly have an impact on the therapeutic relationship as difference can be threatening and is often managed by denial whereas it can be worked with very effectively if acknowledged. She contends that counsellors cannot explore a minority ethnic client's racial identity without exploring their own and for this reason racial and ethnic identity development is described as crucial in the thinking on multicultural counselling.

2.4.2 White racial identity

"Every worker in the mental health field should be trained to recognise the ways in which their own cultural upbringing is likely to have affected their perceptions of the problems which their clients bring..." (Murphy, 1986: pg. 179). This quote highlights the importance of the often unconscious influence of an individual's cultural background on their attitudes and perception of others, particularly those who are ethnically different. Tuckwell (2002) asserts that White people have generally been socialised to disregard their whiteness and so a sense of their own racial identity has frequently been absent as a component in the counselling relationship. She suggests that this represents a challenge for therapists with regards to their willingness to explore their cultural and racial origins so that they may better understand their own identity, beliefs and value systems.

A number of models have been proposed on racial and ethnic identity development, for example, the Multidimensional Inventory of Black Identity (Sellers, Rowley, Chavous, Shelton, & Smith, 1997), the African Self-consciousness Scale (Baldwin & Bell, 1985), the Racial Identity Attitudes Scale (Helms & Parham, 1996) and the Minority Identity Development Model (Atkinson, Morten, & Sue, 1989). It is beyond the scope of the present study to describe each in detail and the reader is directed to The Handbook of

Multicultural Counselling (Ponterotto, Casas, Suzuki, & Alexander, 2001) for an overview. It is of note that almost all of the research work in this area has been completed within the cultural context of the United States and Lago (2006) highlights that this represents a challenge to British researchers. For the purposes of the current study what is perhaps more relevant is Helms's White Racial Consciousness Model (1984) given the above arguments that White therapists need to have explored their own racial identity in order to effectively work with minority ethnic clients.

Helms's (1984) model describes five stages of development: contact, disintegration, reintegration, pseudo-independent, and autonomy.

1. In the *contact* stage there is an unawareness of the self as a racial being, a tendency to ignore differences and an awareness that minority groups exist which is too uncomfortable to accept and so coped with by denial.
2. *Disintegration* involves becoming aware of racism leading to guilt, depression and negative feelings. The response to this is an over-identification with minority ethnic people, the development of paternalistic attitudes towards them or a retreat into White culture.
3. *Reintegration* is expressed by a hostility towards minority groups and favouring of one's own racial group.
4. The *pseudo-independent* stage represents an increased interest in racial group similarities and differences together with a mental acceptance of other racial groups. There are also limited cross-racial interactions or relationships with certain minority ethnic people.
5. Finally, *autonomy* is reached when there is an acceptance and respect of racial similarities and differences. Differences are viewed positively and opportunities for cross-racial relationships are actively sought.

Tuckwell (2002) suggests that the above is useful as White counsellors can only work freely with minority ethnic clients when they are able to recognise the significance of their own racial identity and become more comfortable with

their whiteness. She argues that this will involve a willingness to face and challenge emotionally uncomfortable issues that are engendered by whiteness and blackness. If White therapists are able to do this they are more likely to be able to work meaningfully with the racial dynamics in the counselling process.

2.4.3 Negative feelings associated with addressing ethnicity

Discussions about ethnicity can be uncomfortable for some therapists due to anxiety about offending the client or fear of being judged for 'saying the wrong thing' (Cardemil & Battle, 2003). In addition Helms & Cook (1999) suggest that this issue may be emotionally charged due to the historical and current nature of race relations as well as potentially negative previous personal experiences with minority ethnic groups.

D'Andrea (2005) asserts that White trainees should be made aware of the ways in which they might respond to issues of race and ethnicity that arise in the counselling and supervision dyad. Utsey, Hammer, & Gernat (2005) carried out a study using focus groups with White counsellor trainees to investigate how they confronted minority ethnic issues in counselling and supervision. Their findings supported the view that talking about race directly, rather than surface level discussions, was still taboo. They found that members of their focus group discussions had difficulty describing themselves as White and using the term Black. They observed indications of anxiety, denial and defence mechanisms which they argued were used to protect one's ego from the threat of race related anxiety. It is of note that the participants in this study were trainee counsellors. As such the anxiety displayed may have been evident regardless of the issue being discussed given the limited counselling experience of this group. It would be interesting to compare their responses to therapists with a number of years post qualification experience who are likely to be more confident in their practice generally. Nevertheless, the results indicate that the trainees did not feel well equipped to manage issues of ethnic difference which has implications for counselling training programmes.

Goldsmith (2002) argues that therapists avoid discussions about race and ethnicity as it engenders anxiety leading to a denial of difference, using instead a focus on how we are all the same as people. She argues that when differences are not acknowledged the client is more likely to feel mistrustful. Goldsmith suggests that due to these dynamics in the interaction it is easy to see how any discussion about ethnic difference becomes 'forbidden talk'.

Basch-Kahre (1984) proposes a psychoanalytic understanding of the impact on both the therapist and client in the cross-cultural therapeutic dyad. She describes a 'mutual feeling of estrangement' where the therapist working with a client of a different ethnicity experiences a counter transference reaction and becomes aware of feeling helpless which can be traced back to early childhood when the baby is confronted by a strange face. Basch-Kahre suggests that this stranger anxiety is triggered when we are confronted with people and cultures which are not familiar and similar to ourselves. She argues that stranger anxiety will disrupt the therapy process, particularly early on in treatment, when the client is feeling alone and less safe, as the working alliance has not yet been developed.

2.5 Ethnic difference and the therapy process

Clinicians continue to assert that it is essential researchers maintain the endeavour to explore the complex relationships between race/ethnicity and the therapeutic process (Castonguay, Constantino, & Holtforth, 2006). Lago (2006) proposes that racial sensitivity requires therapists to give appropriate attention to race issues in the client material whilst avoiding the extremes of colour blindness (where race is denied or avoided) and colour consciousness (where race is overemphasised). Furthermore, Ridley & Lingle (1996) define cultural empathy as "the learned ability of counsellors to accurately gain an understanding of the self experience of clients from other cultures – an understanding informed by counsellor's interpretation of cultural data. Cultural empathy also involves the ability of counsellors to communicate this understanding effectively, with an attitude of concern for culturally different

clients” (pg. 32). Importantly this definition suggests that cultural empathy is something that can be learned.

D’Ardenne & Mahtani (1999) discuss two specific issues related to ethnic difference in counselling that can impact the therapy process and relationship. Firstly, the emphasis in Western approaches on historicity, where present day problems are seen in the context of an individual’s early history, may be at odds with the views of clients from other cultures where problems are seen in terms of the present. The authors suggest that therapists, in the initial stages of therapy, place less importance on history taking until there is more trust in the therapeutic relationship. The other issue is that of the style of non-directedness that Western counselling is based on. Triseliotis (1986) states that clients of other ethnicities find counselling beneficial only if it is active and explicit with specific advice and so minority ethnic clients may not respond to non-directedness, preferring a more direct approach. Furthermore, Sue & Sue (2002) suggest that the anxiety generated in the client by unstructured counselling may be a barrier in establishing a good working alliance.

2.6 Ethnic difference and the therapeutic relationship

Bordin (1979) proposed that the working alliance reflects a positive therapist-client bond and agreement on the goals and tasks of therapy. Many studies have demonstrated the relationship between the working alliance and therapy outcomes (e.g. Horvath, Del Re, Fluckiger & Symonds, 2011; Martin, Garske & Davis, 2000). Sue & Sue (2003) state that the therapeutic relationship is the most significant factor in determining whether a client engages in counselling, even more so when the therapist and client are ethnically different. As such it is particularly important that therapists can identify adjustments in their practice that can meet the needs of racially and ethnically diverse clients (Arredondo, 1999).

Thompson & Jenal (1994) found that African American women became more frustrated with counsellors, regardless of their ethnicity, when they actively avoided issues of race and ethnicity during the therapy process. In their study

Fuertes *et al* (2002) found that therapists who directly addressed ethnic issues in the first two sessions of a 12 session course of counselling were able to establish a strong therapeutic relationship with their clients. Zhang & Burkard (2008) suggest that these studies highlight the importance of direct discussions about ethnicity and sensitivity to these issues may be a predictor of a positive working alliance between ethnically different clients and counsellors. However, the authors note that these studies examined general discussions about race and ethnicity rather than more specific dialogues about the ethnic difference between the client and therapist.

In their quantitative study Zhang & Burkard (2008) looked at whether client and counsellor discussions about ethnic difference affected client ratings of counsellor credibility and the therapeutic relationship. Findings demonstrated that White counsellors who discussed ethnic differences with their minority ethnic clients received higher ratings of counsellor credibility and the clients reported a stronger and more positive working alliance in comparison with counsellors who did not discuss these differences. The authors suggest that this may be due to clients feeling that when the therapist is willing to broach the topic of ethnic difference this is an indication of the counsellor's cultural sensitivity and creates a greater level of trust in them. One of the limitations of this study is that the participants were only asked a closed question about whether or not their counsellor had discussed ethnic difference with them and not what the nature of these discussions entailed. As such drawing conclusions from the findings is problematic as the quality and depth of these discussions is likely to have influenced the client's perception of the therapist and the working alliance. The authors also highlight that the study was limited to the client's perspective which may not have been reflective of the therapist's experience which is also important to explore.

It has been suggested that minority ethnic clients may face greater challenges in the development of the alliance due to perceived or actual cultural differences or cultural biases (Gelso & Mohr, 2001; Helms & Cook, 1999; Taft, Murphy, Elliot & Keaser, 2001). Walling *et al* (2012) argue that White therapists working with minority ethnic groups may symbolise past

experiences of mistreatment or discrimination. Walling *et al.* carried out a study with male perpetrators of intimate partner violence. They looked at therapist and client evaluations of the working alliance at four time points during a 16 week cognitive behavioural treatment programme, specifically whether these assessments differed according to client ethnicity. They hypothesised that client and therapist ratings of the working alliance would reflect less positive change over the course of treatment for ethnic minority clients compared to White clients. The alliance was measured using the long form client version of the working alliance inventory (Horvath & Greenburg, 1989) and the brief therapist short form (Tracey & Kokotovic, 1989).

Findings showed that White clients reported a significant increase in the relationship over time whereas minority ethnic clients did not report any significant changes in the alliance. In addition there was little difference between minority ethnic and White clients in their report of the initial working alliance. The authors argue that this is contrary to the literature suggesting there is a pre-existing mistrust amongst minority ethnic clients which may hinder the initial formation of the relationship between them and their White therapists (Williams & Becker, 1994). The authors recommend that further research should explore the qualities of both therapists and clients that allow the development of a strong therapeutic relationship despite ethnic differences.

Limitations of the study include that the participants differed on unmeasured variables and these could have accounted for the observed ethnic differences in the results. The participants were also grouped only into two broad categories (minority and nonminority) which would not illustrate any within category differences (e.g. culture, religion, language) that may influence the therapeutic relationship. Also, as the clients were court mandated to treatment there may have been a tendency for them to respond in a socially desirable manner to avoid possible repercussions of criticising the therapist. Finally, the quantitative nature of the study did not allow for any elaboration about what factors were important to the therapists or clients in their assessment of the working alliance.

D'Ardenne & Mahtani (1999) suggest that within the therapeutic dyad of White counsellor and minority ethnic client the counsellor will be seen to hold professional and cultural power in that they are perceived to have more status and knowledge which will influence the therapeutic relationship. They suggest that this can cause difficulties in the therapy process when counsellors do not acknowledge and seek to deny the existence of this power differential in the belief that the client will not experience it as such. The authors suggest that another way in which the power imbalance can affect the working alliance is that minority ethnic clients can blame themselves for failures within the relationship. They propose that counsellors should value and use their cultural knowledge to empower clients, having open dialogues with clients about their ethnicity and what is important for them in the relationship.

2.7 Multicultural competencies

Newland & Patel (2004) suggest that the term multicultural competencies imply only that the therapist needs to be sensitive to and knowledgeable about difference. However, they argue that it also assumes there are similarities between individuals and so the therapeutic endeavour is to manage the issues of similarity and difference from the perspective of the client.

The American Psychological Association's Division of Counseling Psychology have proposed guidelines for multicultural counselling competencies based on a set of 31 competencies including attitudinal, cognitive and behavioural items developed by Sue, Arredondo & McDavis (1992a) (Appendix A). Sue *et al.* (1992) define multiculturally competent counsellors as those who are aware of the cultural values and potential biases they hold, recognise differences in world view between themselves and their clients, and are able to implement culturally appropriate interventions. Moodley & Vontress (2006) highlight that most of the research on multicultural counselling competencies has been conducted in North America and so are limited to the four major minority

groups (as described earlier). As such they have limited applicability in Britain.

Newland & Patel (2004) argue that the British Psychological Society is less advanced in this area although question how far the competencies have actually been incorporated into practice in America. Patel *et al* (2000) have attempted to highlight some key competencies in terms of psychological practice in British multicultural society. They assert that to develop multicultural competencies, direct clinical experience is essential. However, if this is not an option they argue that access to quality supervision where issues of race and culture are integral can aid the development of knowledge and practice.

It has been suggested that White therapists may not be provided with the appropriate training to prepare them to be culturally competent (Utsey, Gernat, & Hammer, 2005). Sanchez-Hucles & Jones (2005) argue that this may be due to the fact that the counselling profession has not uniformly adopted a definition of cultural competence which can be applied to practice and used to guide training. They suggest a number of barriers that appear to hinder the development of multicultural training programmes including continued silence about race and racism, colour blindness, the need to promote similarities and minimise difference, low awareness of White racial identity and privilege and a lack of empirically tested models that describe how to effectively develop multicultural counsellors.

2.8 Limitations of current research

A number of British authors have commented on the lack of significant research being carried out in Britain in the area of multicultural counselling (e.g. Palmer & Laungani, 1999; Lago, 2006; Karlsson, 2005). Lago states that while research activity in this area has increased since the 1990's, more still needs to be done. He goes on to assert that the dominance of American studies has largely informed clinical practice relating to working with ethnic minorities and is problematic when attempting to apply that to British practice

as the cultural context in which the studies were carried out differ to that in Britain. More specifically, it has been highlighted that North American studies are largely based on the four main ethnic groups (Native American, African-American, Asian-American and Latino) which excludes valuable data from the many other ethnicities that constitute British culture (Vontress & Jackson, 2004). The researcher's own experience of conducting searches to identify empirical studies in this area reveals that the majority of the research effort continues to be undertaken in North America. Additionally, much of the literature is commentary in nature rather than scientifically based empirical investigations.

Utsey, Hammer, & Gernat (2005) assert that a significant problem with much of the research measuring post intervention changes in White counsellor attitudes and behaviours is flawed as they routinely rely on paper-and-pencil style, self report measures. They also contend that the over reliance on quantitative approaches does not allow the researcher to adequately capture the complex dynamics that exist in the cross-racial counselling context. This view is shared by a number of theorists (Myers, 1992; Sanchez-Hucles & Jones, 2005) and it has been pointed out that counselling psychologists need to adopt alternative, qualitative research methods in this area (Delgado-Romero, Galvan, Maschino & Rowland, 2005).

2.9 Summary

The emergence of multicultural counselling as a distinct discipline in the 1960's has highlighted the importance of being able to respond in culturally sensitive ways when working with minority ethnic clients. Whilst the majority of the literature has focused on what is important to the client and how they experience counselling in an ethnically different therapeutic dyad, there is a lack of research which provides an insight into how White therapists experience this area of their practice. A number of researchers have commented on the issues that may occur as a result of ethnic difference, for example, different world views, the effects of client's experiences of racism and discrimination, and the impact on the therapeutic relationship. However,

there is little known about the therapist's perspective in these areas. Additionally, whilst there has been some progress to develop multicultural counselling competencies and guidelines the majority of this effort has taken place in North America and similar developments have not been established in Britain. In order to achieve this it is important to hear the views of White therapists to determine the gaps in knowledge and skills that exist and the issues that concern them. To do this it is essential to facilitate a safe environment in which open and honest discussions can take place without fear of being accused to hold discriminatory views or judgements made about therapist's practice.

2.10 Rationale for the current study

Having read this chapter the reader may have noticed the paucity of empirical studies which focus on the therapist's experience of counselling clients from a different ethnicity. Indeed this was an observation by the researcher when carrying out searches for literature in this area. Currently there appears to be more known about the views and experiences of minority ethnic clients and this has been used to inform debate about how to most effectively work with this client group and develop some best practice guidelines or competencies. Whilst this provides us with essential knowledge and insight about what is important to consider when working in a multicultural setting, our understanding remains incomplete while we continue to lack awareness of the often complex processes involved from the therapist's point of view.

Palmer (2002) asserts that more research is needed to explore the attitudes of White counsellors towards multicultural practice which he identifies as severely lacking presently. This is echoed by Lago (2006) who highlights that little attention has been given to the role of the dominant (White) majority which is surprising given that the majority of therapists are likely to come from this group. In addition almost all of the studies that do exist have been carried out in North America and where the participants have been largely students (Tokar & Swanson, 1991). Therefore the researcher suggests it would be difficult to apply this to British practice so what is required is a broader

research effort in this country which reflects the unique make up of multicultural society in Britain.

It has been suggested that White counsellors can be reluctant to take part in multicultural counselling research for a number of reasons including concern about being found to harbour discriminatory views (Tatar & Bekerman, 2002), personal anxiety about discussing issues relating to race and ethnicity (Utsey, Hammer & Gernat, 2005) and feelings of guilt and shame when exploring the issue of racism (Parker & Schwartz, 2002). One of the goals of the current study was to facilitate a safe environment in which White therapists could be encouraged to discuss their experiences of counselling minority ethnic clients without worrying about what the researcher was seeking to 'uncover'. As such it was judged that the best way to do this would be to ensure the focus remained on the therapist and discussions were led by their views rather than concentrating on a specific aspect of practice, for example, the working alliance or competency. It was hoped that this would provide a valuable initial insight into what issues were important to White therapists working multiculturally which could then be used to guide future research.

2.11 Relevance to counselling psychology

Counselling psychologists aim to work to develop reflective and flexible approaches to psychological theory which can effectively be applied to the various problems and issues that are brought to therapy by a diversity of clients. As Britain continues to grow in to a more multicultural society counselling psychologists are faced with the task of providing culturally sensitive interventions which "empower rather than control and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today (BPS, Professional Practice Guidelines, p.2). In order to do this a consistent and established set of guidelines with regards to best practice and essential competencies needs to be put in place and should arguably be mandatory; what is offered currently appears to only be referred to by those practitioners with an interest in the area.

Counselling psychology recognises the integral role of the therapist in delivering effective interventions and stresses the importance of the relationship between them and the client. One of the fundamental underpinnings of our work comes from the humanistic principles of the need for empathy, understanding and unconditional positive regard for our clients. Therefore, it is essential that counselling psychologists are able to recognise, understand and, perhaps more importantly talk about, the complex issues and often personal emotional reactions that they may experience when working with ethnically different clients. It is only then that gaps in existing training programmes or continued professional development resources can be identified and addressed. Generating more literature which includes the perspectives of White counselling psychologists can help to develop multicultural counselling as an area that is embraced by all rather than a minority of 'specialists' with an interest in this aspect of the work.

2.12 Aims and research questions

This study aims to explore and gain an in-depth understanding about White counselling psychologist's experiences of working with clients from a different ethnicity to themselves. There exists very little research from the perspective of the White therapist working within ethnically different therapeutic dyads, and the majority of literature is focused on the experiences and views of the client. Additionally, as it has been suggested that White therapists may be reluctant to take part in multicultural research the aim of the current study was to provide an initial exploration into their experience. In order to maintain this focus no specific hypotheses were identified as the objective was to try to capture the issues that were important for them without directing them to specific areas. The main research question was:

'What are the experiences of White therapists working with clients from a different ethnicity?'

As part of this the following areas were explored:

- How do therapists perceive the impact of differences in ethnicity on the therapy process?
- In what ways do therapists feel that differences in ethnicity may impact on the therapeutic relationship?
- To what extent do therapists feel confident and competent to work with clients from a different ethnicity to their own and why?
- What would help therapists increase their confidence and competence to work with clients from a different ethnicity to their own?

CHAPTER THREE: METHODOLOGY

This chapter will detail the methodology undertaken to carry out the research including the rationale for a qualitative framework, namely Interpretative Phenomenological Analysis (IPA), recruitment of participants, data collection and analysis, and issues of quality and validity.

3.1 Qualitative framework

As stated previously, there is a body of research which explores the many facets within multicultural counselling including ethnic match between therapist and client, minority ethnic client's experiences of therapy and their perceptions of how therapists manage issues relating to their ethnicity. What is striking is that the majority of the research effort has largely been focused on the client's perspective. The literature discussed in Chapter 2 which comments on how therapists may view their multicultural practice includes some quantitative studies although many are more commentary in nature. There remain few purely qualitative studies in this area. One of the aims of this research was to capture how therapists experience differences in ethnicity in their practice rather than answer specific questions about multicultural practice and therefore a qualitative rather than quantitative approach was considered more appropriate. Qualitative methods are suitable for use in such areas where there is little current knowledge and provide a more in depth understanding; they seek to explore experiences and contribute to on-going debate, as opposed to seeking 'facts' and 'truths' (Barker, Pistrang, & Elliott, 2002).

McLeod (2003) defines qualitative research as "a process of systematic inquiry into the meanings which people employ to make sense of their experience and guide their actions" (pg. 73). This study looks to explore how therapists view, understand and make sense of their experience of working with ethnically different clients. IPA has been chosen as the method of analysis due to its ability to explore the phenomena under investigation in a

non-directive manner which allows the focus to remain on the individual's experiences.

3.2 Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis (IPA) was first developed by Jonathan Smith in the mid-1990's. This approach is primarily concerned with exploring how individuals make sense of their personal and social world through detailed examination of their lived experience (Smith, 2008). Smith, Flowers and Larkin (2009) assert that when people are engaged with an experience of something they will reflect on the significance of this, for themselves and 'their world', and IPA research aims to engage with these reflections. Smith (2008) states that this is achieved via two aspects; interpretation and understanding, that is identifying and empathising with the participant and trying to make sense of their experiences and perceptions.

It was felt that IPA was the most appropriate and useful methodology for the purposes of this study in that the aim was to explore what it is like for White therapists working with ethnically different clients. Due to IPA's commitment and focus on attempting to understand an individual's lived experience and how they make sense of this (Smith *et al*, 2009) it was considered most relevant to the researcher's aims. In addition, given the often emotive nature of discussions regarding race and ethnicity, the researcher was concerned about adopting a methodology that may have reduced the opportunity for open and honest participant accounts. For example, adopting a methodology such as discourse analysis or narrative analysis, where the focus is on use of language, may have resulted in participants becoming anxious about terminology within the context of multicultural issues.

3.2.1 Theoretical framework of IPA

Smith *et al*. (2009) describe three theoretical, and philosophical, foundations of IPA: phenomenology, hermeneutics and idiography. Phenomenology, proposed by Husserl (1931), concerns itself with the study of human

experience. Husserl posited that in order to examine everyday experience it was necessary to step back from our 'natural attitude' i.e. being unreflectively immersed in the taken-for-granted world (Shinebourne, 2011) and adopt a phenomenological attitude. This involves a reflective process where one is able to examine their perception of objects and experiences and give meaning to them through a conscious examination of the phenomenon (Willig, 2001).

Hermeneutics is the theory of interpretation and addresses the fact that in IPA the analysis of another person's experience requires a process of engagement and interpretation on the part of the researcher (Smith, 2011). IPA acknowledges that people's experiences and understanding of events is a result of the meaning that they attribute to it and so a single phenomenon may be experienced in various, yet valid, ways (Smith *et al.*, 2009). Whilst the aim is to enter the world of the participant and examine their experience from their perspective, IPA recognises that this will undoubtedly include the researcher's own preconceptions based on their experiences (Willig, 2001). As such the analysis and interpretation of the data will reflect both the participant's and researcher's efforts to make sense of and give meaning to the phenomenon. This does not necessarily lead to flawed data, but a challenge for the researcher to critically and reflexively evaluate how their preconceptions (or 'fore-structure') may influence the research (Finlay, 2008). Smith *et al.* (2009) highlight how IPA involves a double hermeneutic where the researcher is trying to make sense of the participant, who is trying to make sense of their world.

Idiography constitutes the third theoretical underpinning of IPA. Adopting an idiographic approach calls for an in-depth focus on the particular instances of a lived experience rather than nomothetic research which focuses on aggregated data resulting in generalisations at a group or population level (Shinebourne, 2011). As such the idiographic commitment of IPA allows for a detailed analysis of a particular phenomenon in terms of how it has been understood from the perspective of particular people, in a particular context (Smith *et al.*, 2009). Therefore, IPA uses small sample sizes and, in some cases, can be effectively applied to single case studies.

3.2.2 Epistemological position

IPA is positioned within a 'contextual constructionist' position (Madill, Jordan & Shirley, 2000). This postulates that all knowledge is socially constructed and, furthermore, that this knowledge exists within historical and language dependant contexts. Willig (2009) argues this means that different perspectives can produce different interpretations of the same phenomenon which is relevant when considering the influence of the values and assumptions of the researcher on the qualitative study. Willig suggests that the contextual constructionist position falls between 'naive realism', (which argues that there is a knowable 'reality' and objective knowledge can be obtained about the world), and 'radical constructionism' (which posits that knowledge is socially and historically constructed and thus there can be no absolute truths about the world). In taking a phenomenological perspective, contextual constructionists recognise the relationship between the researcher and participant and encourage the researcher's transparency and reflexivity (Pope & Mays, 2000).

3.3 Personal reflections impacting the process

As IPA is a method of analysis in which the researcher is considered a part of the process I feel it is important to include in this chapter how my own personal experiences, interests and reflections may have impacted and shaped this research study. Smith (2004) states "...IPA also recognises the central role for the analyst in making sense of that personal experience..." (pg. 40). I have therefore supplemented many of the sections in this chapter with my own thoughts and feelings at that time in order to provide a clearer picture of how factors relating to both researcher and participants contributed to the interpretation of the data, thus staying true to IPA's 'double hermeneutic'. These will be written in italic for clarity and in the first person in order to retain the 'person' in personal.

3.4 Participants

As Smith (2008) suggests, participants were selected through purposive sampling. That is, they needed to have had at least one experience of counselling a client from a different ethnicity to themselves. Smith *et al* (2009) recommend that for an IPA study the aim should be to obtain a reasonably homogenous sample. Therefore, a number of issues were considered including age, gender and ethnicity of the counselling psychologists, number of years post qualification experience and areas of practice. As the objective of the research was to capture therapist's experiences of working with clients from a different ethnicity there was little need to impose strict criteria concerning the above factors.

The main inclusion criteria were that the participant would be a White British Chartered Counselling Psychologist with at least three years experience. It was felt that three years post qualification experience would help to ensure that all of the participants would be more confident in their work and so any concerns or anxieties that they may have voiced about multicultural practice would more likely reflect their experience of the phenomenon under investigation rather than a lack of confidence in their practice more generally. In addition the participant's work within ethnically different therapeutic dyads that they would discuss needed to include clients that they had seen for three or more sessions. The rationale for this was that three or more sessions allows for the development of an established therapeutic relationship and gives the opportunity for an exploration of the actual therapy process which may not be apparent with fewer sessions (Chang & Berk, 2009).

I was aware that I could have been more definitive regarding the criteria by which participants would be selected and not doing so meant my sample would not be as homogenous as it could be. In particular I was mindful that gender may be an important factor as differences in gender may also impact the therapeutic process. Nevertheless, after giving this a great deal of thought and discussing with my supervisor I felt that applying more strict criteria would not only potentially lead to greater difficulties in recruitment but also would not

impact significantly on the research findings as the focus during the interview would be on how the participants experienced differences in ethnicity. I recognised, however, that this needed to be something that I acknowledged and commented upon in the discussion section of the study.

3.4.1 Recruitment

In order to recruit participants a search was conducted of counselling services, initially in the London area, and emails sent to thirty organisations with an information sheet (appendix B) about the study requesting that any interested individuals, who met the criteria, contact the researcher. As the research was not focused on any specific area within counselling psychology this was the most effective method to be able to reach a large number of counselling psychologists. Unfortunately there was no response from any of these services and so a wider, national search was conducted and emails sent to a further forty organisations, however, this too did not lead to the recruitment of any participants.

Following this it was decided to approach existing contacts of peers and colleagues to request they forward the study information sheet on to counselling psychologists they may know. Initially it was proposed to recruit eight participants for the study however, due to the difficulties described, six participants were identified in this way. It was decided to stop recruitment at this stage to allow sufficient time for a thorough analysis. Nevertheless six participants is in keeping with Smith, Flowers & Larkin (2009) whose guidelines suggest that for a PhD study four to ten interviews would be a reasonable sample size.

I was disappointed at the lack of response from my initial efforts to recruit participants. I had considered using the British Psychological Society's register of counselling psychologists to obtain contact details to which I could write but was concerned that this would be perceived as intrusive by recipients. I felt under time pressure and although I was aware that it would not be ethical to use psychologists that I was directly working with I thought it

would be appropriate to use them as resources through which I might be able to generate interest to other individuals to participate in the research.

3.4.2 Participant details

The participants were asked to complete a very brief demographic form prior to the commencement of the interview (appendix C). The sample consisted of six chartered counselling psychologists (four female and two male) who worked in varied roles including private practice, The Prison Service, secondary care and learning disabilities. They were aged between 34 and 58 and had between four and eighteen years post qualification experience practicing as a counselling psychologist. In terms of ethnicity all of the participants identified as White British.

3.5 Ethical considerations

Ethical approval was granted by the University of East London's research committee (appendix D). In discussion with the research supervisor and research tutors it was agreed that approval from the NHS research ethics committee would not be required as there was no focus on recruiting from NHS services and the participants would be psychologists as opposed to clients.

3.5.1 Informed consent

Parker & Schwartz (2002) suggest that White therapists can be reluctant to participate in research on multicultural counselling. They hypothesised that this may be due to a fear of being found to harbour biased attitudes or racial prejudice which would interfere with their practice. This is an important point to consider in the context of the research and therefore the information sheet for participants (appendix B) was clear about the aims of the research including the process involved in data collection which addressed issues of confidentiality and anonymity, how the data would be used and stored and what would happen to the information following completion of the research.

This was sent with the email to the counselling services identified as part of an invitation to participate in the research. When potential participants had been identified via existing contacts, as described above, an email was sent to them querying whether they would like to take part in the study with the information sheet attached. Once a positive response was received the researcher provided an opportunity to discuss any questions they may have either in writing or on the phone prior to arranging the interview.

Before commencing the interview the researcher ensured that the participant understood the aims of the research and a further opportunity was provided to address any questions or raise any concerns that they may have. A consent form (appendix E) was given to the participant to read and they were asked if they had any questions about this. They were also reminded of their right to withdraw consent up to three months following the interview if they wished and that they were not obliged to provide a reason should this be the case. Smith *et al* (2009) suggest that a time limited right to withdraw may be a more appropriate strategy than an over arching right to withdraw. It was felt that three months was a time frame that was fair to the participant in terms of allowing them time to reflect on the interview and withdraw consent should they decide to do so whilst also ensuring that the researcher had adequate time to recruit further participants so as not to be left with insufficient data.

I felt that during this initial phase of the recruitment process it was critical that I was explicit and transparent about the aims of the research so that potential participants, and indeed those that agreed to take part, would be clear that I was not looking to uncover prejudicial attitudes or be critical about their practice. However, I was also realistic that my efforts may not have completely alleviated any concerns that participants may have had. I was also aware that this may have been further compounded by myself being from an ethnic minority and was worried that this may affect how open participants would be willing to be during the interview.

3.5.2 Confidentiality

Confidentiality was explicitly outlined to all participants who were also given an opportunity to discuss this prior to the start of the interview. They were informed that their names would at no point be used on the transcripts or in the final write up and a pseudonym would be used. In addition, any identifiable information, including names and places of work would be omitted from the transcripts. Participants were told that although verbatim quotes would be used in the write up these would be assigned to their pseudonym. In terms of storage of data such as interview recordings, transcripts and demographic information they were assured that these would be kept in a locked cabinet at the researcher's home. It was highlighted that the only circumstances under which confidentiality would be broken was in the event that the researcher considered the participant to be at risk of harm to themselves or others.

3.5.3 Well-being of participants

Although it was hoped that the interview would not cause any distress or upset for participants the researcher remained mindful that any process of reflection has the potential to trigger an emotive response. In order to limit the likelihood of this a thorough discussion was had with participants about the nature of the research and their involvement. In addition they were provided with an opportunity at the end of the interview to discuss how they had experienced it and any concerns that this may have evoked. They were also informed that after the time of the interview, having had a chance to reflect, if they had any questions or anxieties about their involvement in the research they could write to the researcher to discuss these.

3.6 Data collection

It is widely accepted that one of the most effective ways to gather the depth of information required for IPA is through semi-structured interviews (Willig, 2008; Smith, 2008) as it allows an interviewer to pursue a discussion about the phenomena under investigation whilst giving the respondent the

opportunity to provide as much detail as possible about their experience (Langdridge & Hagger-Johnson, 2009). Therefore a semi structured interview was designed using open ended and non-directive questions (appendix F). The interview schedule was deliberately kept short and concise to ensure that it focused on the areas outlined by the research areas whilst also providing the flexibility necessary for participants to discuss issues that they considered important and may have been overlooked or not considered by the researcher (Smith, 2008). Interviews were conducted at the participant's place of work which in three of the cases constituted their home address due to the nature of their (private) practice.

Interviews lasted between 25 minutes and 1 hour and following the interview initial thoughts and reflections were noted by the researcher in order to capture any interesting points that arose during the interview process. At the end of the interview participants were invited to discuss any concerns which may have arisen during the process. In order to ensure that they were given every chance to comment, participants were also offered the opportunity to put any issues in writing should they wish following the interview. The aim of this was to provide them with another avenue in which to pursue their concerns should a participant not feel able or comfortable to discuss this directly with the researcher. All interviews were recorded using a Dictaphone and then transcribed in their entirety.

As I had only recruited six participants I was anxious about ensuring that I was able to generate rich and detailed data via the interviews. This was further compounded by my first interview with a participant who did not offer a great deal of information, the interview lasting only 25 minutes. Following this I reflected back on the process and realised that my anxiety may have impacted the interview in that I had felt worried about being too directive and the participant feeling pressured if I asked too many questions. I was aware that this was also influenced by my concerns about being an interviewer from an ethnic minority and fearing that the participant may perceive me to have preconceived ideas about how their practice may be impacted by differences in ethnicity.

This process of reflection led to me feeling more at ease in subsequent interviews which allowed me to explore more fully what the participant was bringing with regards to their experience. Rather than feeling anxious about generating rich data I found myself genuinely interested and immersed in the participant's accounts of their experiences. I believe this also had a positive impact on how the participants themselves felt about the process with three of them commenting at the end of the interview that they had found it enjoyable and interesting as it had prompted them to reflect on their practice.

3.7 Data analysis

As stated previously IPA was utilised in order to analyse the transcripts of interviews with the participants. Smith, Flowers & Larkin (2009) encourage researchers using this method to be flexible in its use, however, do provide some guidelines, in particular for those new to the approach, which were used as a framework during the current analysis.

As IPA takes an idiographic approach the transcripts were examined individually in order to highlight themes within each participant's experiences thus ensuring "that the participant becomes the focus of interest" (Smith, Flowers & Larkin, 2009, pg. 82). The aim at this stage was to attempt to understand and identify the meaning that participants give to their experiences rather than measure the frequency of themes (Smith, 2008). To do this each transcript was read with the recording of the interview playing alongside and then re-read several more times. During this process initial thoughts and points of interest were noted in the right hand column of the transcript which related to how the participant spoke about their experience and indicated how they thought about and understood it. This was an important step to allow the researcher to become immersed in the data and, therefore, the participant's world which would facilitate a more thorough and detailed analysis. As well as noting initial thoughts the transcripts were also analysed where the researcher focused on developing interpretations from the participant's accounts. Smith *et al* (2009) suggest three aspects of this "exploratory commenting" (pg. 84)

as descriptive, linguistic and conceptual comments and these were also borne in mind during this stage.

Working primarily with the initial notes, whilst maintaining their context within the original transcript, emergent themes were identified by looking at patterns and connections between the exploratory notes (an example of a transcript showing initial notes and emergent themes can be found in Appendix G). These themes were then organised in chronological order for each participant, an example of which can be found in Appendix H (Smith *et al*, 2009). The themes were then considered in terms of how they might relate to each other and mapped to create theme clusters. This analytic process was repeated with each interview transcript with an emphasis on treating each as an individual case in its own terms. As such the researcher was mindful of not allowing themes that had been identified from previous analyses to influence or guide the subsequent one, thereby allowing for the emergence of new themes if present.

From the above any patterns between the transcripts were considered which included identifying those that may have been most salient and those that demonstrated a connection across the cases. As per Smith *et al*'s (2009) guidelines similarities and differences in themes between each account, as well as the frequency of themes, were noted which were then analysed to identify super-ordinate themes made up of the sub-themes from the initial stages of the analysis. This involved the need to re-label some of the original themes in order to capture some of the concepts and experiences shared by the participants. This process is illustrated in Appendix I. Quotes from the transcripts were used to illustrate the presence of these super-ordinate and sub-themes within the participant's accounts and lend support to the analytical process. As influenced by the research areas identified, particular attention was paid to themes related to therapy process, the therapeutic relationship and counsellor confidence and competence.

During the analysis I was concerned about being over critical in my interpretations and staying true to what was contained in the participant's

accounts. I was aware that my own personal and professional experiences had led me to believe that discussing race and ethnicity was something that many people found uncomfortable and anxiety provoking, and thus tried to avoid, and I was mindful of trying to prevent this from influencing my analysis. In order to do this I reviewed my analysis many times whilst asking myself questions about why I had made the interpretations I had and ensuring that the evidence for these were clearly contained within the transcripts. I acknowledge that my own preconceptions may still have impacted on the process but endeavoured to limit this as much as possible.

In terms of identifying super-ordinate and subthemes I attempted to capture, not only the issues that the participants described as resulting from ethnic difference, but also the feelings that this may have generated. In this way I hoped that the analysis would more fully reflect their experience.

3.8 Quality & Validity

Smith *et al* (2009) argue that issues of quality and validity are important in qualitative research but that the criteria used in the evaluation of quantitative research are not appropriate to this end. They suggest Yardley's (2000) guidelines to be a useful approach in assessing the quality of IPA research and these have been used in the evaluation of this study. Yardley presents four sets of broad principles applicable to qualitative research which have been applied throughout this research project in order to achieve high levels of quality.

3.8.1 Sensitivity to context

Yardley (2000) suggests the researcher will need to show sensitivity throughout the research process including in areas such as the socio-cultural setting, participant's perspectives and interviewing process, data analysis and awareness of existing literature. As outlined in Chapter two, a great deal of literature exists with regards to multicultural counselling from the client's perspective but less so concerning how therapists experience ethnic

difference in their practice and this was used to inform the current study and associated research questions. The relatedness of the findings to the literature and implications for working practices will be discussed in Chapter five. Sensitivity to the socio-cultural setting and participant perspectives is demonstrated throughout the recruitment and interview process as described earlier in this chapter, for example using open ended questions, recognising the potential impact of the ethnicity of the researcher and allowing every opportunity for the participants to raise any concerns they may have had about the study.

I was aware of the impact that myself as an ethnic minority researcher may have had during the data collection phase. For example, I was concerned that participants may be wary about my motivations for exploring this topic area fearing that I might have been looking to uncover prejudicial or discriminatory practices. In order to try to address this I explicitly outlined the aims of my research at the beginning of the interview emphasising that I was not approaching the study with any hypotheses in mind. I offered an account of my interest in this area in terms of acknowledging that there was a great deal of literature concerning what matters to clients with regards to ethnic difference and I felt it was just as important to explore how therapists experience this, something which I thought was lacking in the existing research. I also asked them if they had any concerns or questions about the study and the interview process.

3.8.2 Commitment & rigour

Smith *et al* (2009) state that an IPA study involves demonstrating attentiveness to the participant during data collection and applying a level of care to the analysis of each case. This also includes conducting a good, in-depth interview. As stated above commitment and rigour towards participants was a consistent consideration by the researcher during data collection. Every effort was made to design an interview schedule which focused on the subject area under investigation whilst not being too directive and it was noted

that the researcher's skill and confidence in conducting interviews grew with each case. During the first interview the researcher was unsure about how much to probe fearing this would make the participant uncomfortable resulting in a fairly short interview. During subsequent interviews the researcher was more able to pick up on cues during the interview for further questions whilst still maintaining commitment to the participant's feelings.

3.8.3 Transparency & coherence

This is concerned with transparency in terms of describing the methods used and detailing each stage of the research process and clarity of the final report including how the study fits with the theoretical framework (Smith *et al*, 2009). The researcher has endeavoured to achieve this throughout the write up of the study. In addition the use of reflexive writing in this chapter aimed to provide transparency and openness concerning the process as it was experienced by the researcher.

3.8.4 Impact & importance

Yardley (2000) points out that the validity of a piece of research is determined by its ability to communicate to the reader something of importance, interest and usefulness. How this research meets those requirements are discussed in the Discussion chapter.

3.9 Summary

This chapter has described the methodology employed in the current research study. The use of a qualitative method, namely IPA, has been explained in that it allows for the exploration of an individual's lived experience and gives attention to how this experience is understood and made sense of by the person. In order to contextualise the procedure undertaken in the collection and analysis of data the theoretical and philosophical foundations of IPA have been outlined. The chapter has also attempted to fully take the reader through the process of how the study was conducted from the identification

and recruitment of participants (including ethical issues and confidentiality) to the analysis of the data. Finally, as an integral aspect of IPA, the issue of reflexivity has been discussed in terms of how the researcher attempted to ensure the highest standard of quality and validity throughout the study. Using reflective comments during the chapter, it is hoped that the reader has not only been able to understand the process with regards to the steps undertaken, but also in terms of the researcher's thoughts and concerns during this phase.

CHAPTER FOUR: RESULTS

4.1 Overview

This chapter describes the results from the interpretative phenomenological analysis (IPA) carried on six interviews with therapists who have experienced counselling clients from a different ethnicity to their own. As Smith, Flowers & Larkin (2009) highlight, the process of IPA involves the researcher engaging in a double hermeneutic through which themes are identified. Thus it is acknowledged that the themes presented below are based on a subjective interpretation by the researcher based on their knowledge and experiences and this is discussed further in Chapter five.

As a result of the analysis three super-ordinate themes were identified:

- Different worlds
- The reality of experience
- What is competence?

The remainder of this chapter will explore each of the above super-ordinate themes, including their sub themes, in turn. Although the themes represent the commonalities across all the accounts there were also some differences and these will also be discussed. Verbatim quotes from the participants are presented to illustrate the themes.

4.2 Introduction to the themes

The three super-ordinate themes reflect an overall picture of the experience of White therapists when they are conducting therapy with an ethnic minority client. The first theme represent the 'cognitive' process that seems to occur; that is how the therapist thinks about the issue of ethnic difference between themselves and their client. There is the acknowledgement of having a different world view to that of the client and that ethnic minority clients have a different understanding of therapy. As a result it seems that the therapists believe it is important to try to see things 'through the client's eyes' and that

part of their role is to offer a different perspective. The next theme is the largest as it highlights issues that occur during the actual therapy process. There is a struggle between what the therapist feels they should do and what they actually do which seems to be caused by a level of anxiety about 'getting it wrong'. The transcripts often reveal contradictory accounts by the therapists (which the researcher has attempted to capture using 'vs.' in the second super-ordinate theme) of their own processes of working with ethnic difference and highlight the conflict of what appears to be a polarised view of whether they do something 'right' or 'wrong'. The final super-ordinate theme reflects a process of what the therapists believe as essential to develop the knowledge, skills and confidence (i.e. competence) to work with minority ethnic groups. Interestingly when they spoke of this issue it tended to be in general terms, referring to the 'other', thus separating themselves from the 'non-competent' group.

4.3 Theme one: Different Worlds

This super-ordinate theme reflects how the participants see differences in ethnicity between themselves and their clients leading to differences in the ways they both think about the world. The participants feel that their clients have a different approach to life directed by cultural beliefs which leads to a different mentality impacting on how they and the client view the issues being discussed in therapy. As such, the participants talk about the importance of trying to see things from the client's point of view and attempting to understand them from within the client's frame of reference. They describe how the therapy process can be made more difficult due to ethnic minority clients having a lack of understanding about therapy in general.

4.3.1 Different perspectives

This sub theme captures the participant's belief that ethnic difference meant that their client's would have a different perspective from themselves and that this may lead to more difficulty in understanding the client's experiences. Felicity talks about being aware of this in her practice:

“...their approach to certain aspects might be very different to my own, um, but obviously I would, I would attempt to be aware of that anyway...

Their, their approach to, er, life and their perspective in any event is probably going to be very, very different to mine, um, so yes I bear it in mind...”

(Felicity: lines 56-59, 62-64)

Felicity’s use of the word ‘very’ emphasises the extent of the difference in perspectives that she perceives between herself and her ethnic minority clients. However, it appears that it is important to her to communicate that she is aware of this in her practice implying that it is not an issue for her.

Robert echo’s Felicity’s view when talking about working with ethnic minority clients:

“...I think because they also a very, very different approach to, to life and the world and how they interact and disclose”.

(Robert: 11-13)

Robert acknowledges how he is aware of these issues in his practice and, furthermore, that he will raise this with his clients:

“If there’s something I don’t understand about their culture I’ll ask them to explain it to me or I’ll say, you know, my world is very different to your world, you know...”

(Robert: 730-733)

Lucy also describes how she believes differences in ethnicity can lead to a different approach to life between her and her clients:

“Because that could mean that the way I see the world is that I’m self reliant and someone who may come from Pakistan, where religion

plays an important role, may see, er, religion as paramount so it is very important to check this and clarify with the client...

So this, these, these issues are very important because it will influence and shape how we see the world."

(Lucy: 17-21, 24-26)

Lucy emphasises the importance of having a discussion with the client about their ethnic background in order to determine how this may impact on their view of the world. This suggests that she recognises the need to ask clients rather than make assumptions based on their ethnicity. She goes further to suggest that the difference in perspective between herself and her client may lead to the client feeling that she cannot understand them:

"...they could be sitting here assuming...certain things about you, they could be assuming that you don't have a bloody clue what it means to be me..."

(Lucy: 151-153)

Lucy's point that the client may assume she does not understand them highlights the potential impact of ethnic difference for her. She is mindful that if the client feels she is unable to 'enter their world' then this would be detrimental to the therapy process and relationship. This awareness leads her to include discussions about the client's ethnic background during therapy.

It is notable in all of the above extracts that the participants spoke in general terms about this aspect of ethnic difference and as such their accounts felt more theoretical rather than a reflection of their actual experience. They were also keen to stress that whilst they recognised the impact of the difference in world views, this was something that they managed well during the therapy process. It may be that the participants were concerned about appearing unskilled in addressing issues of ethnic difference and thus were more comfortable to talk in general terms rather than focusing on specific examples from their own practice.

Julia was the only participant to talk about a particular experience where she was accused of not being able to understand which left her feeling attacked by the client:

“...attacking me verbally...

...I definitely remember someone saying like, you know, yea what the fuck do you know cos you're just, kind of, middle class White woman...”

(Julia: 241, 244-246)

Julia's account is powerful in terms of her experience of a client's anger directed by their view that she would not be able to understand them due to her being White. Indeed, the client appears to be “attacking” her because she is White. It is also interesting to note the more emotive essence of Julia's account compared to the other participants as she describes a personal experience rather than an opinion or view as the other participants appeared to do. Nevertheless, both Lucy and Julia's views suggest that clients, as opposed to the therapist, may actually perceive a difference in world views to be a barrier in therapy.

4.3.2 Trying to see through their eyes

“...the idea of this film in their head, the film in our head is never the film in their head and, and we have to suspend ours and keep asking questions about theirs...”

(Julia: 665-668)

This sub theme reflects the process of participant's attempting to empathise and understand the experiences of their ethnic minority clients. Whilst this is something that therapists do generally, the participants acknowledged that when working with clients from a different ethnicity it may be more difficult for them to fully understand some of their client's experiences and, therefore, this needed to be something they remained aware of. Lucy describes the

importance of this in terms of the effect that it has on her client's perception of her.

"...we need to open up space in psychotherapy space to ask these questions and I think it does make a difference to the client's perception of you as a psychotherapist. I think it does make a huge difference because the client understands, oh she's aware of what is happening, what it might mean, what it means to be me"

(Lucy: 159-165)

Lucy suggests the client might be feeling that the ethnic difference between them means that she would not be able to 'know them'. She tries to address this by ensuring that she asks the client about their ethnicity to communicate her efforts to understand them.

Felicity states she too will ask clients about their ethnicity which will inform her practice:

"...if I come up against a situation where, um, I'm not, I don't have lots of information about their specific kind of background I, I don't mind saying to them perhaps you can, perhaps you can explain to me what the thinking is or what the habits are and how they relate to you here..."

(Felicity: 386-391)

Felicity is acknowledging that she would find it more difficult to access her ethnic minority clients experiences although her statement "I don't mind" conveys that she feels confident to be able to ask for more information. She goes on to say that she has never had a negative reaction when she does this suggesting that the clients appreciate her attempts to develop her awareness of their background. This is something that all of the participants spoke about, each describing different ways in which they tried to understand their clients. However, as with the previous theme there continued to be a theoretical rather than personal nature to the accounts with the participants avoiding

discussing specific examples from their own experience where they had attempted to empathise with their minority ethnic clients and the impact of this.

Lucy talked about using her own experience of discrimination to empathise with her clients, using the example of hearing derogatory comments about women with blond hair (like herself):

“...when I highlighted my hair people started using it more frequently around me and I suddenly realised, oh I understand what it means to be, you know, when, when you are lighter, how women feel discriminated against...”

(Lucy: 138-142)

Julia also describes trying to empathise with her clients in the same way:

“What does that word, discrimination (laughs) bler, discrimination I have encountered is as being a woman, discrimination or even oppression so like, you know, that at, that, those sorts of treatments like being ignored, being passed by...so I suppose my way into connecting to her experience is through, through feminism really, that experience, the experience that I have had in my life where I have felt discriminated against...”

(Julia: 191-195, 198-200)

There seems to be something uncomfortable for Julia in talking about discrimination, she is initially hesitant and uncertain about how to express herself and it could be that she is anxious about aligning her own experiences with that of her ethnic minority clients.

Paul spoke about trying to access his ethnic minority client's experiences by focusing on the how the individual describes their life rather than making assumptions based on their ethnicity:

“...letting them help you understand other aspects of it which are their own personal culture, and their family culture, which may not be the stereotypical understanding of what a culture might be because it’s all different...”

(Paul: 168-172)

Donna also uses the strategy of asking her clients about their background as a means of developing her understanding of how a client’s ethnicity impacts them. Previously she had been speaking about how she felt comfortable to raise ethnicity as a potential issue if she believed it to be a factor in the client’s problems.

“...it’s about getting the client to tell you about it...”

I: What do you think that does?

P: We don’t pretend to know everything either, erm, I think it helps the client relax, it helps them, kind of, erm, feel listened to, erm, and it just helps the therapeutic relationship”

(Donna: 166-167, 177-180)

Donna, like Paul, feels that she does not assume to know her clients and will ask them about their cultural background to inform her practice. This also has the effect of them feeling more understood which has a positive impact on the therapeutic relationship.

4.3.3 Different views of therapy

This subtheme represents the participant’s experience that many ethnic minority cultures had a different understanding about therapy than their own, Western, view.

“...particularly with the African Caribbean community, they don’t like to wash their dirty linen in public and, um, they don’t go outside, or it’s not, it’s deemed to be not appropriate to go outside the family for help

and to talk to strangers even, um, even counselling and they're often very suspicious of the counselling..."

(Felicity: 205-210)

In her experience Felicity has worked with clients who she describes as “*suspicious*” due to their beliefs about keeping problems within the family and goes on to describe how these clients will initially be “*apprehensive*” when they first come for therapy:

*“So, um, so they, they come along and they, they're often quite apprehensive, um, and they don't really know what it, it en, entails...
...it doesn't occur to them themselves that they should have counselling cos I suppose they don't really know what it means...”*

(Felicity: 213-215, 219-221)

This is something which Felicity experiences with ethnic minority rather than White clients and her account suggests that she is the ‘stranger’ that they are suspicious of which she remains mindful of in her practice. Similarly Paul illustrates the impact that different views of therapy can have when he is working with clients from a different ethnicity indicating that for him the therapy process is made “*easier*” when the client’s understanding is more in line with his own.

“...there are some people who you will work with who will get the whole notion of therapy and, and if somebody gets the whole notion of therapy I think that cultural differences become easier...”

(Paul: 277-279)

Paul finds that not only are views of therapy different but also beliefs about the causes of psychological problems:

“There are some families and I know, and, sadly it's true, who believe that somebody is possessed, that actually what's going on here isn't,

you know, something that's a psychological issue, its because their possessed and sometimes, sadly, they believe that...

...Now, I have to be cogniscent of that, and respect that, and work with it. The fact that I might not believe it isn't gonna be helpful, if I just say that. However, at some point I may need to say it, do you know what I mean?"

(Paul: 377-381, 382-386)

Paul's use of the word "sadly" suggests he feels that it is unhelpful and even potentially damaging for clients to view psychological problems in this way which is far removed from his own, Eurocentric understanding of mental health. Nevertheless, he acknowledges that directly challenging this with the client would be detrimental to the therapy process implying that he would rather explore the client's beliefs in the first instance and wait to offer his own perspective. His question at the end conveys a need for agreement from the interviewer reflecting his own sense of uncertainty about the best way to manage this difference in views.

Robert also recognises that the therapy process can be impacted as a result of the client's ethnicity:

"I think I am aware and maybe do try a little bit extra hard or be more conscious that I need to think about, um, maybe some attitudes in terms of engagement and the relationship".

(Robert: 478-481)

As with Felicity and Paul, his account portrays that he feels he tries "a little bit extra hard" in order to manage this, particularly with regards to engaging with clients and building the therapeutic relationship. Robert indicates that he thinks ethnic minority clients have a negative view of therapy which makes it harder for them to engage.

"When they actually see the reality then they can deal with it far easier. If their reality is far removed from their expectancy and their cultural

belief, in some ways I think it would probably make it easier for them to engage”.

(Robert: 326-329, 330-334)

Interestingly his account suggests that he is able to offer a different “*reality*” to challenge their belief thus facilitating better engagement in the process.

Although the participants identified that ethnic difference leads to ‘different views of therapy’, they appeared to focus on the views of the minority ethnic client as opposed to how this impacted on them and influenced their practice. As before, there were few personal examples offered from the participant’s client work lending a somewhat ‘sterile’ quality to the accounts.

4.3.4 Summary

This super-ordinate theme presented the participant’s experiences of how ethnic difference may impact during the therapy process. It reflects the way in which differences in ethnicity can lead to different views and beliefs between themselves and their clients which will affect how both parties interact during therapy. The participants were all aware that minority ethnic clients would likely see the world differently to themselves and so it was important for them to gain an understanding of the client’s background and ethnicity. In doing this many of the participants acknowledged that they would find it difficult to relate to some of their client’s experiences.

Interestingly only Julia and Lucy spoke about trying to access the client’s experiences of discrimination thus recognising it as a significant issue in the client’s world, although none of the participants discussed how this might have impacted on the therapy process in terms of their own (White) ethnicity. The common strategy for the participants appeared to be asking the clients about their cultural background to inform the participant’s understanding and whilst they described the positive effects of this for the client they did not discuss how this might have helped them in their practice. Finally most of the participants felt that many ethnic minority clients have different views of

therapy which they also needed to explore and take into account during therapy.

A significant characteristic of this super-ordinate theme is that the participants appeared to avoid discussing personal aspects of their practice preferring to talk in more general/abstract terms about how ethnic difference leads to a difference in views between themselves and their clients. This may have reflected a sense of discomfort or anxiety about focusing on specific examples, perhaps fearing that judgements would be made about their practice. As a result the participant's seem to offer a more theoretical description of the impact of ethnic difference rather than an insight into their personal experience.

4.4 Theme two: The Reality of Experience

This super-ordinate theme addresses the participant's accounts of how they feel ethnic difference actually impacts during the process of therapy. This includes the dynamic between themselves and their clients and how it influences what they actually do in practice. The transcripts indicate a sense of doubt about the most effective way to manage issues relating to the client's ethnicity as highlighted by the often contradictory accounts of how the participants spoke about their practice. There appeared to be a paradoxical process occurring for the participants in that they spoke about what they felt was the most appropriate way to manage this issue but when talking about their practice it was apparent that they actually did something else. In addition there was also a sense that their approach was either 'right' or 'wrong'. As such each sub theme is a reflection of this paradox (using 'verses') which represents the state of uncertainty of the participants.

4.4.1 Giving ethnicity a voice vs. The silence of ethnicity

This sub theme illustrates the participant's reflections about how they include issues relating to the client's ethnicity in the therapy process. On the one hand there is a view that exploring the client's background is an important part

of connecting to their experience but there exists a hesitancy about how to do this which sometimes leads to avoidance of the topic. Julia describes experiencing this with a client:

*“...I hadn’t even asked her where her parents had come from...
...wouldn’t you ask that of someone else really early on? And I went
yea, yea you’re right, and she said well why haven’t you? And I said I
think, I think it’s about ethnicity”.*

(Julia: 34, 38-41)

Julia recounts a discussion with her supervisor where she recognises that she has avoided asking her client about their background and that this is due to their ethnicity. Her agreement that she would ask that of “*someone else*” suggests that if the client had been White she would have asked for more information about their history. Her repetition of “*I think*” at the end implies that she finds it hard to admit that the issue is one of ethnicity for her. Julia goes on to describe what happened when she did explore the client’s ethnicity with them:

*“I, I’m sure that was very, very freeing for her...
...I said oh I’ve never asked you about your parents story, where, and
that led us to a whole amazing new load of richness...
...it opened a whole new, um...can’t think of the word, like vistas of, of,
of the therapy”.*

(Julia: 612-613, 616-618, 623-624)

Julia reports a powerful affect in that it was “*freeing*” for the client to talk about their ethnicity suggesting that they may have felt silenced by Julia’s avoidance of the topic. This then led to an “*amazing*” new amount of information which helped to open up the therapeutic space and appeared to have a positive impact for both Julia and her client. Donna also voiced an identical effect of talking about her client’s ethnicity:

“...when you’re asking about their ethnicity and upbringing and things like that they’ve listened to, erm, and I think they feel that they can talk, erm, a lot more so I think it actually, erm, heightens the therapeutic relationship”.

(Donna: 328-331)

Donna highlights that this leads to a positive effect on the therapeutic relationship and her assertion that the client feels able to talk more suggests that it is freeing in a similar way to Julia above. Nevertheless, Donna’s use of “*erm*” a number of times indicates some hesitancy about what she is saying. This may be a reflection of her lack of confidence about what the most appropriate approach to take would be as she also spoke about only including ethnicity when relevant.

“I would wait for the client to mention if that’s part of the problem, erm, and erm, or if I felt actually ethnicity might impact on this I would bring it up...but I wouldn’t bring it up if it wasn’t necessary.”

(Donna: 142-144, 157)

Although she recognises the positive impact of discussing a client’s ethnicity, here Donna says that she would only raise it if “*necessary*”. Again this implies that she would be uncomfortable to do this and would wait for the client to speak about it. There is also an assumption that ethnicity would only be spoken about if it was a factor in the client’s difficulties. This is at odds with her previous account of the overall therapeutic benefits of including ethnicity in the process.

Robert echo’s Donna stance in that he waits for the client to take the lead in talking about their ethnicity:

“...if I feel that the client is giving me a description of a part of their ethnic belief or culture or upbringing which I feel is important to them then I’ll let them do it”.

(Robert: 527-530)

His statement suggests that Robert would engage in discussions about a client's ethnicity only when it is important to them and, furthermore, *"I'll let them do it"* insinuates that it is not important to him. Conversely, Paul contends that working with the client's ethnicity is paramount:

"...you can't just divorce yourself from your culture and you can't work and just think no I'm seeing the person and not the culture. That's foolish, it's like saying I don't see the colour, you know that old thing that people, I don't see the colour, I'm colour blind, you know, it's nonsense..."

(Paul: 199-203)

Paul asserts that he does not *"divorce"* people from their culture and in his practice he will recognise a client's ethnicity as a part of them. His view that to not do so is *"foolish"* and *"nonsense"* represents how strongly he feels about this and the negative affect this can have on the therapy process.

All of the participants recognised the importance of including discussions about the client's ethnicity during the therapy process and the benefits of this. However, it appeared that there was a sense of uncertainty about how and when to do this leading to either an avoidance of the topic or relying on the client to mention it.

4.4.2 Adjusting practice vs. minimising difference

"...I mean I approach them, within reason, in the same way I would approach any client just, and just having to sort of, um, make adjustments for the areas that are not going to be as straight forward as say with a, er, an English speaking or a British born White person..."

(Felicity: 441-446)

This sub theme reflects the ambiguity in the transcripts about whether ethnic difference necessitates an adjustment in practice. Contrary to this the

participants all spoke about approaching their work with ethnically different clients in the same way as with all clients and trying to search for the similarities rather than focus on the difference. So whilst there was a sense that the participants felt they would recognise when a client's ethnicity might mean they needed to do something different, they also seemed to strive to find a 'common ground' thus minimising, or lessening the difference between themselves and their clients.

In terms of adjusting practice the main area that most of the participants focused on was language and whether clients had a good grasp of English.

"...where the command of English has been better there has been progress made, it hasn't been too difficult although I have to be very careful to sort of, talking very, very simple English and approach things in a very simple manner."

(Felicity: 43-48)

Felicity links the client's level of spoken English to the amount of progress that she feels can be made in therapy suggesting that she finds it harder to work with people who do not speak good English. She emphasises that she makes things "very" simple but does not comment on the effect of this on the therapy process or the client. Robert agrees that he will also adjust the way he speaks to the client depending on their level of English:

"...I don't actively think about it, I don't sit there think oh here's a guy who's Sudanese so I better be this way. Um, I kind of, I suppose I read the, the primary drivers are use of language, okay is this an English second language person so I will speak more slowly, more clearly, try to use simpler words if I need to..."

(Robert: 510-515)

Robert's statement that *"I don't actively think about it"* implies that he does not consciously think about his practice when working with clients of a different

ethnicity. As language differences are harder to overcome this may be the reason why it is the primary driver for any adjustments he makes.

Donna was the only participant to talk about including the client when determining whether she needed to change her approach:

“...what I could do to help them, erm, if you don’t feel understood what is it that I’m not doing, erm, that they’re not getting from the experience...”

(Donna: 264-266)

Her focus is on the client’s needs and rather than assuming to know what the client may need she spoke about asking them what she could do differently so that they could benefit from the process.

Although the participants recognised the need to sometimes adjust their practice all of the accounts described ways in which they sought to reduce the perception of difference within the therapeutic dyad.

“...I think that difference, that actual difference, is an illusion because we’re addressing the attitude not the cultural approach regardless of what colour the person is, regardless of where they come from”.

(Robert: 598-601)

Robert’s statement that difference is an “*illusion*” represents that, for him, ethnic difference is not a ‘real’ issue that that would necessarily affect his practice and working with the client’s “*attitude*” allows him to focus on something that he feels he is more able to address. This was apparent in his account of therapy with an Iraqi client:

“...he became, how do I say this, he became very Iraqi, he was very aware of I am, I am Iraqi, this is where I come from, this is my culture, this is what I am and once we’d got that into the room and I said fine, okay, so shall we just carry on now and he got that out of the way...”

(Robert: 347-351)

His account suggests that it was important for the client to communicate their ethnicity and important that Robert was aware of this. However, Robert's response to *"just carry on now"* is somewhat rejecting and his view that the client needed to get *"that out of the way"* minimises the significance of the client's ethnicity and indicates a sense of discomfort for Robert with him not knowing how to respond to this.

Julia spoke about her efforts to search for similarity rather than focus on the difference between herself and her clients:

"...young Asian women were coming about, sort of, work type stuff and I could, I found quite easily a way in the, kind of, common ground and then of course the colour disappears as it, you know, should, really should..."

(Julia: 444-447)

Julia describes trying to find *"common ground"* which will give her a *"way in"* implying that she finds it more difficult to 'access' minority ethnic clients and that when she does this the *"colour disappears"*. Interestingly she feels that the expectation of good practice is to not see clients in terms of their ethnicity rather than acknowledge and work with it.

4.4.3 Therapist responding to client vs. client responding to therapist

"...we're in a sort of dance where she doesn't wanna go there, I didn't wanna go there and then I step forward and I go there, she steps forward a little bit but then she withdraws (laughs) and I withdraw..."

(Julia: 82-84)

Julia's account illustrates how she takes her cue from the client as to when she brings up issues around ethnicity and, furthermore, that she responds to the client's reaction to this. She describes how she will step back when she feels the client withdrawing, which evokes a nervous laugh, suggesting that this causes her some anxiety. This was echoed by Lucy who also spoke about not pursuing discussions about ethnicity if she felt reluctance from the client.

"...you see in your clients whether the questions feel comfortable to them or not, yes? So if the client doesn't want to speak about what it means to me being a foreign country or not being raised in this country, er, then you pause and you stop and you can see that it's not helpful..."
(Lucy: 57-62)

Lucy states her response to "stop" when she feels the client is not comfortable and is based on her belief that continuing the discussion about ethnicity is not helpful for the client. It may be that this also reflects her own feeling of unease about pushing the client and fearing a negative reaction. This was experienced by Felicity who spoke about what happened when she raised ethnicity as a potential factor in the client's problem:

"...his hackles did go up at that point, um, maybe old, sort of, prejudices and preconceptions came to the fore thinking oh she's probably racist, that she doesn't approve of, um, but I, um, immediately, sort of gave him a matter of fact explanation of my motivation..."
(Felicity: 348-352)

Felicity attributes the client's response to him thinking that there may be a racist undertone to her mentioning ethnicity. Although she does not stop this line of discussion she does feel that she needs to justify herself which reflects a sense of anxiety about what the client thinks about her.

In the opposite manner the participants acknowledged that clients would also be sensitive to the ethnic difference in the therapy room and would be able to pick up on any discomfort that the therapist might feel.

“If you sit down with somebody and thinking I, you’re a Martian, how can I possibly work with you then you might as well quit because the moment you’re sitting there thinking that they’re sitting opposite thinking, he thinks I’m a Martian, he doesn’t know what to do with me and they’ll, he’ll disengage”.

(Robert: 811-815)

Robert’s use of the word “*Martian*” illustrates the extent of the perception of difference that can exist in the therapist’s mind, although he distances himself from this position suggesting that it is important for him to be perceived as someone who manages this issue well. He highlights that the client will be aware of the therapist’s lack of confidence and the result will be that they will disengage. Similarly, Lucy spoke of working with a client who needed reassurance that she could understand the client’s difficulties:

“...she was born in England and her parents were from the Caribbean and she spoke of what it meant to her to be Black and working at a university and she often checked with me, how I felt, if I could relate to her, she was very sensitive...”

(Lucy: 171-175)

Lucy’s account illustrates the client’s anxiety about how she felt discussing issues relating to her ethnicity, whether she could tolerate this and ultimately whether Lucy was able to relate to her. Her statement that the client was “*very sensitive*” emphasises the heightened awareness that she had about Lucy’s response to these conversations.

Paul described the dynamics of the interaction that occurs for him during the therapy process:

“...so whilst you, listening and, and, and giving the other person is listening and giving too, you know, and to not recognise that is really crass I think and sometimes clients can say stuff that’s important to you to recognise, and to switch it off or to not recognise it is quite dangerous I think”.

(Paul: 562-566)

He expresses that the client is “*listening*” which implies that they are alert to all cues from the therapist and that the therapist needs to be conscious of this and not “*switch it off*”. His assertion that it is “*dangerous*” portrays the damaging effect on the relationship if clients feel that the therapist is dismissive of them. Interestingly, as with Robert, Paul explains this in theoretical terms, implying that this is not something he does, and so positioning himself as more skilled which may reflect a certain level of anxiety about how he is perceived.

4.4.4 Ethnic difference helps vs. ethnic difference hinders

This sub theme highlights ways in which the participants felt that ethnic difference could have a positive impact on the therapy process and how it might also make the work more challenging. A strong belief was that many minority ethnic clients would be happier to see a therapist from a different culture rather than one from their own.

“Yea, cos they can talk as well about feeling, if you like, judged, erm, and, erm, not feeling that you’re going to take it back to their community. I mean you’re a total separate entity...”

(Donna: 334-336)

“...because that’s why they’ve come to see you, I don’t want to talk to somebody in my own culture because if I talk to them about this sort of stuff then it’ll get back to my family...alright, because they all know each other, it’s a small community...”

(Paul: 457-460)

Both Donna and Paul's accounts illustrate that, in their experience, ethnic difference can facilitate the therapy process as it creates a safer environment for clients to talk about their problems. As Donna explains, they are a "*total separate entity*" from the client's community and this engenders a greater degree of trust as the client is concerned about the level of confidentiality they would have with someone from the same culture. Paul goes further in that he expressed he would be seen as more competent as a result of being from a different ethnicity:

"Because there are people sometimes, sadly, people don't respect people in their own culture when it comes to looking at expert knowledge, they want somebody from a different culture."

(Paul: 321-324)

Robert stressed that ethnic difference did not affect his ability to build a relationship:

"...I focus on primarily the relationship between me and other person and I don't necessarily feel that ethnic difference is a barrier to making a connection with someone..."

(Robert: 87-89)

His statement that he is able to connect with clients regardless of their ethnicity suggests that he recognises this could be an issue but it is important for him to communicate that he is able to overcome this. Furthermore, he describes how he enjoys working with clients from a different ethnicity.

"...I enjoy working, funnily enough, with ethnic groups cos I enjoy the challenge that, the challenge of the sort of, er, of learning the experiences of someone like that..."

(Robert: 291-293)

Robert's statement that he enjoys this work "*funnily enough*" implies that he assumes most therapists would not like to work with minority ethnic clients or would find it difficult. He admits that it is a "*challenge*", but one that he embraces rather than avoids.

In contrast to the above the participant's accounts also represented ways in which they felt ethnic difference presented a challenge to the therapy process and their practice.

"...working with somebody who comes from a different culture means that it's more of a challenge to both parties, not just one, both."

(Paul: 90-92)

Paul acknowledges the challenge of working with ethnic difference and is keen to stress that this is the case for both therapist and client. This may reflect a discomfort for him to focus on his own difficulties with this issue and he therefore attempts to deflect the focus away from himself. Conversely, Julia provided an open and honest account of how she had struggled in her practice:

"...because of her ethnicity, because it was about, it was about race and colour almost rather than any other difference I'd worked with I was editing myself really and I was not asking her questions that...I wouldn't think twice about asking someone else."

(Julia: 19-23)

Julia describes "*editing*" herself and is honest about the fact that this is due to ethnic difference indicating that it causes her anxiety and she is worried about what she says. In this way it impedes her practice as she behaves differently to when she is working with White clients.

Felicity spoke of different degrees of complexity depending on the client's level of acculturation:

“...if it’s sort of like, um, sort of an ethnic minority that’s been born and bred in England they’re more Anglicised...”

...I can make probably more of a connection...”

(Felicity: 7-9, 10-11)

She suggests that when clients are more “*Anglicised*” she feels better able to relate to them which implies that she finds it easier to develop a therapeutic relationship with clients who are more like her.

4.4.5 Trying to connect vs. anxiety about getting it wrong

The transcripts reflected the participant’s belief that building a strong therapeutic relationship was essential and how ethnic difference necessitated them having to be more mindful of this. However, their accounts also revealed a sense of anxiety about ‘saying the right things’ which would no doubt have impacted on their ability to connect with the client.

“...the relationship is really the, the most important thing, um, to start with, um, because if you don’t have the relationship you’re not going to make a connection anyway...”

(Felicity: 37-40)

Felicity emphasises that she focuses on the therapeutic alliance. Her statement that without this she would not be able to “*make a connection anyway*” suggests that she is aware that it may be more difficult for her to connect with minority ethnic clients in the first instance.

Donna described how asking the client about their ethnicity had a positive effect on their relationship:

“...I think definitely, erm, it helped, erm, establish a really good therapeutic relationship, erm, because the client feels, when you’re asking about their ethnicity and upbringing and things like that, they’re listened to...”

(Donna: 326-329)

She explains how clients feel heard and understood which facilitates a greater degree of connectedness between them. Nevertheless, her repetition of “*erm*” also gives the impression that she is uncertain or hesitant about what she is saying. Julia echoed Donna’s experience of how talking about ethnicity positively impacted on her relationship with her client:

“...I think it is only added to our depth of connection...

...I think it has, yea it, it, it dep, I would say it deepened the trust in the relationship almost like exponentially...”

(Julia: 72-73, 76-78)

Julia reflects that working with the client’s ethnicity has helped her to better connect with them and leads to the client developing a deeper level of trust in her which suggests that she may feel minority ethnic clients would find it more difficult to trust her initially.

Paul described how establishing a good working alliance could counteract any difficulties caused by differences in ethnicity:

“If you make the connection with the person and if the person believes that you care enough to help them, then sometimes that can overcome all those other things”.

(Paul: 315-318)

Nevertheless he also communicated that he felt a level of pressure to be a certain way:

“That, erm, as long as I, I do the right things, and I say the right things and behave in the right way...”

(Paul: 350-351)

Paul expresses, repeatedly, that he needs to do the “*right*” things in therapy demonstrating that there is anxiety for him about doing something ‘wrong’. There is an implication that he feels whether he behaves in the ‘right’ or ‘wrong’ way will determine the nature of the therapy process.

Robert discussed his feelings about raising the issue of ethnic difference between him and his clients:

“...I think to, sort of, put it out there and say right you’re different to me would come over as an overt challenge, I think it, if you like it would be the equivalent of pushing somebody to arm’s length...”

(Robert: 440-443)

Robert believes that to openly acknowledge ethnic difference with the client would come across as a challenge and would be perceived as quite rejecting by the client. His account suggests that he is anxious about the client’s response and worries that raising the issue of ethnic difference would be received negatively thus damaging the therapeutic relationship.

Julia discussed an experience where she used the ‘wrong’ term for an ethnic minority group and the impact this had on her anxiety in future encounters with clients.

“And I, I think at the point as this word coloured was coming out of my mouth I was thinking is it coloured or is it Black, I don’t, what, or is it Afro Caribbean, or is it, I just didn’t want to say so I even remember before it came out my mouth (gasps) I said the wrong one and then probably, and I was so scared...”

...and that’s what I brought into this therapeutic relationship a little bit if I’m being really honest...”

(Julia: 334-338, 377-378)

Julia’s account conveys her feelings of uncertainty and fear. Her words “*I don’t, what, or is it*” illustrates a sense of nervousness while she is recounting

her experience and her fear is communicated when she gasps at the thought of using the wrong term. She describes feeling scared and recognises that this stayed with her which impacted on her therapeutic relationship with other minority ethnic clients which she goes on to explain:

“...if you are sitting with a load of, sort of, half semi-conscious fears of (gasps) am I gonna put my foot in it, am I gonna go wrong, I don’t understand this person’s world therefore I can’t ask questions about it, err, you’re gonna sit in quite a bubble of safety and then that very bubble is going to stop the connection isn’t it?”

(Julia: 403-408)

Julia’s account highlights how she fears saying the wrong thing based on her feeling that she does not understand her client’s world. She describes the importance of recognising this as *“half semi-conscious”* as the consequences of not doing so is that she would likely avoid issues around ethnicity and this would impede the development of the working alliance. Her use of the term *“bubble of safety”* further emphasises her level of anxiety and fear as she strives to create a situation which feels safer for her.

4.4.6 Summary

This super-ordinate theme represents the participant’s accounts of what they actually do in practice when counselling a client from a different ethnicity. Each of the sub themes is described using ‘verses’ to reflect what appeared to be a level of uncertainty. The participants all spoke about what they believed to be the most appropriate and effective approaches when working with minority ethnic clients, however, they also all described doing something different. The researcher’s interpretation of the transcripts is that there was a sense of anxiety about ‘doing the wrong thing’ as the participants would describe what they thought was important in terms of working with the client’s ethnicity but then often communicate the opposite when talking about their practice.

In addition, it is interesting to note that, as before, all of the participants were focused on the effect of the client's ethnicity rather than ethnic difference between themselves and the client. As such it was felt that ethnicity was something that belonged to the client and the participant's role was to address and manage this during therapy. None of the participants spoke about having a discussion with the client about ethnic difference and what this might mean for both parties and the researcher wonders if this too is a reflection of anxiety about how to do this and concern about the potential impact on the therapy process and relationship.

4.5 Theme three: What is competence?

This super-ordinate theme represents the participant's views about the issue of competence in terms of working with ethnic difference. The accounts included how the participants assessed their own levels of competence (and confidence) as well as what they considered to be important in helping to increase their knowledge and skills in this area.

4.5.1 The competent self

This sub theme reflects how the participants described their level of competence in working with ethnic difference and what they felt was important in terms of their practice. The transcripts reveal that the two most important professional attributes were considered to be the ability to be self reflective and not assuming or generalising based on the client's ethnicity. For example, Paul spoke about reflecting on his practice and not presuming his own competence:

“...and sometimes a, sort of, questioning competence side, and so as not to become over competent or incompetent...”

...because of a lack of awareness and a lack of internal reflection...”

(Paul: 490-491, 493-494)

Paul describes how he questions his perception of his competence so that he does not become over confident. He suggests that if he were to stop reflecting on his practice the risk would be that he could become *“incompetent”*. Furthermore, his comment about *“internal reflection”* implies that there is also a process of looking at his personal feelings in relation to this area of practice to ensure that his own values and beliefs are not impeding the therapy process.

Julia also spoke about reflecting on her practice and in particular how she specifically gave consideration to the issue of a client's ethnicity.

“...if I feel myself wanting to ask her a question and feel my own resistance to that then I'm kind of aware of that and think why is this, is this resistance? Is it about race, is it about the difference between your colour and ethnicity...”

(Julia: 56-59)

Julia describes how she endeavours to be aware of when she might feel uncomfortable during therapy with a client which causes her to 'hold back'. She demonstrates a level of confidence in her practice as she is willing to confront the possibility that this may be due to the difference in ethnicity between herself and the client. Robert also spoke about reflecting on the impact of the client's ethnicity:

“...I would reflect on that, is, kind of, the cultural attitude towards therapy, or the cultural attitude towards being vulnerable or being open, disclosing feelings, has that had an impact and how might I, sort of, encourage that next time, it's a constant reflection process...”

(Robert: 857-861)

Interestingly, although Robert demonstrates his practice of questioning how the client's ethnicity affects the therapy process he does not include in his reflections the potential impact of ethnic difference, thus removing himself from this process. As such the responsibility for the outcome of therapy is

dependant on what the client brings as Robert appears to avoid focusing on his own contribution. This suggests that, for him, the issue of ethnic difference is one that belongs to the client.

The other theme that arose in the accounts in terms of what the participants felt contributed to their sense of competency was that they did not generalise or assume to know a client based on their ethnicity. Donna spoke about the risk of this happening if there was an over reliance on reading books about different cultures.

“And I think a lot of emphasis is put on, on reading but you can’t fit a person into a book”.

(Donna: 205-206)

Donna’s account suggests that she has been told by other people that reading is an effective way to learn about different ethnicities but that she recognises the individuality of people. Robert also discussed the limits of reading:

“...if I’ve read a book on, I’ve read a book on Afro Caribbean men I know all there is to know about Afro Caribbean men, oh that’s dangerous...”

...I don’t see things in terms of this culture defines this person as this type...”

(Robert: 703-705, 711-712)

He describes how people who have read books on different cultures might then generalise to all the people in that culture and sees this as “*dangerous*” which implies that he appreciates how this could damage the relationship with a client. Furthermore, Robert asserts that he does not define individuals in terms of their ethnicity.

Paul spoke about how he goes through a conscious process of thinking about his work with minority ethnic clients in order to ensure that he does not generalise based on his previous knowledge or experiences:

*“...all the things that I think I know about people, I have to just keep open, right don’t let them flood in, don’t let them take over...
...I have to say this person is a new person I never met before without any...prejudices and pre-judgements...”*
(Paul: 421-423, 424-425)

His account reflects that he is aware of how previous knowledge and experience may influence each new encounter with a client which would lead him to make assumptions. Paul also acknowledges that he holds “*prejudices and pre-judgements*” which he needs be aware of and ensure that they do not influence his practice.

4.5.2 Increasing knowledge

This sub theme illustrates what the participants thought would help them, and other therapists, develop their knowledge and understanding in their work with clients of a different ethnicity. Despite variations within the accounts the transcripts revealed that it was thought the best way to do this was to ask questions and learn from the client.

*“...if I come up against a situation where, um, I’m not, I don’t have lots of information about their specific kind of background I, I don’t mind saying to them perhaps you can, perhaps you can explain to me what the thinking is or what the habits are...
...then that will inform my, sort of, practice...”*
(Felicity: 386-390, 393-394)

Felicity recognises that when she does not have a lot of knowledge about a client’s ethnicity she will ask them to educate her which then informs her practice. She says that “*I don’t mind saying to them*” which implies that she is confident about exposing her lack of understanding to the client.

Julia described how her work with clients helps to develop her understanding of their experiences:

*“...that’s like a sort of, almost new experience for me, someone sitting right in front of me telling me that, that vividly and how she felt...
...that’s what I mean about the, kind of, the learning curve, I mean I find it fascinating...”*

(Julia: 174-176, 182-183)

Julia discusses a client who tells her about a situation where she was discriminated against due to her ethnicity and admits that this is something she has not experienced before. As such she did not have an understanding of how her client might have felt and so recognises the “*learning curve*” that she goes through when working with minority ethnic clients. Her use of the word fascinating not only highlights that she enjoys this learning but also emphasises her previous lack of knowledge.

Robert echo’s Felicity and Julia’s point about learning from the client:

“...if I don’t understand something I’ll ask you to educate me. So it’s much a kind of mutual learning curve really, and I’ve learned a lot that way...”

(Robert: 61-63)

He explains that when necessary he will ask clients to “*educate*” him about their ethnic background and this has helped to develop his knowledge. Importantly, Robert and Lucy were the only participants to also take responsibility for increasing their understanding of different cultures by seeking out environments where they would come into contact with ethnic minority groups.

“Talk to them, meet them, um, and find out about them. You know, talk to, talk to Asian people, talk to Indian people, talk to Iraqi’s and to Sudanese and Afro Caribbean’s...”

...make the effort to, to engage and to learn...

(Robert: 750-752, 753-754)

Robert stresses the importance of learning about different cultures outside of the therapy room and that this requires therapists to *“make the effort”* implying that they must be willing to do this. His account suggests that he is talking about other therapists, as opposed to himself, intimating that he does/has done this thus not placing himself in the same group as those who may be less knowledgeable. This strategy for increasing awareness was also endorsed by Lucy:

“...visiting different countries all over the world to see how different people behave and appreciating the cultural differences and learning from other cultures...

...travel to learn more about other cultures because I think other cultures are very interesting and we’ve got a lot to learn from them.”

(Lucy: 358-360, 365-367)

Like Robert, Lucy describes the importance of exposing oneself to different ethnicities in personal as well as professional life. She expresses her own personal interest in learning about cultures and goes on to explain the consequences of not doing this:

“...people who haven’t travelled will not fully understand, if you’re not, if they have not had that experience they might not be sensitive to discussing these issues...”

(Lucy: 422-425)

Lucy feels that not seeking out contact with ethnic groups leads to a lack of understanding which will be evident in therapy as therapists may not be aware of the importance of a client’s ethnicity. As with Robert, she discusses this in the third person thus distancing herself from these therapists and presenting herself as someone who is more informed in this area.

4.5.3 The importance of experience

The final sub theme represents the participants view that their level of experience determined how competent and confident they felt when working with ethnic difference. The accounts indicated that previous experience with minority ethnic clients and in their practice more generally both played a role in this. Interestingly all of the participants communicated a degree of confidence in this area.

*“There are people who think they can’t work with ethnic difference...
...they haven’t got the knowledge, they haven’t got the experience.
Now in a way that’s a cop out because they never gonna get the skills
or the knowledge or the understanding unless they give it a go...”*

(Paul: 575, 577-580)

Paul’s statement that it is “a cop out” for therapists to say they do not have the experience to work with ethnic difference illustrates the strength of his opinion that confidence comes with ‘doing’. He asserts that in order for an individual to increase their sense of competence they need to actually undertake therapy with minority ethnic clients. Nevertheless, he conveyed a level of competence and confidence in his own practice due to the amount of experience he had as a therapist:

*“...I think as a therapist the, the length of time I’ve been doing the work,
I think I’m sort of okay most of the time”.*

(Paul: 506-508)

Robert’s account highlights how he uses his previous encounters with minority ethnic clients:

*“...I can start to begin to make a hypothesis based on what I know from
experience and quite often that will include working with other people of
that ethnic group to some limit...”*

(Robert: 672-674)

Robert describes being able to apply what he has learnt from previous experiences with clients to new clients from the same ethnic group. He reports that he will do this “*to some limit*” indicating that he will consider what is applicable rather than generalising. This was also felt to be the case by Felicity:

“...I mean obviously over the years you, you become, you, the more you do something the more you become aware of, of the same things cropping up over and over again...”

(Felicity: 259-262)

Felicity maintains that, in her experience, ethnic minority clients will often talk about similar issues and experiences and which she uses in her practice. She talks about this process occurring “*over the years*” illustrating her level of experience as a therapist and confidence in her practice.

Julia also described how her experience as a therapist more generally aided her confidence:

“...I’ve been doing this for fifteen years, I feel a lot more confident that I can almost like deal with, with any new client or deal with anything that is thrown at me really...”

(Julia: 588-590)

Her account reflects that she feel confident to work with any client although her words “*thrown at me*” suggests that working with minority ethnic clients is something which she views as more difficult.

4.5.4 Summary

The final super-ordinate theme reflects what the participants believed to be important with regards to increasing their competence and confidence to work with ethnically different clients. All of the participants felt confident to work in

ethnically different therapeutic dyads and believed they had a skills and knowledge to do so. In terms of increasing their knowledge experiential learning was considered to be more effective than reading books about different cultures, in particular the participants all spoke about asking the client to inform them about their background and ethnicity. It was also considered important that they sought out personal experiences with different communities and cultures. Skills of being self reflective and not assuming or generalising were thought to be fundamental to good practice in this area. Rather than attend training courses, workshops or conferences in multicultural counselling, the participants felt that their level of experience generally in counselling psychology was adequate to provide them with the necessary competence and confidence to work with minority ethnic clients.

It is of note that none of the participants voiced any uncertainty or anxiety about working with ethnic difference. Rather there was a sense that it was important for them to present themselves as competent. The researcher wonders if this reflected an element of concern about how it may be perceived if they were to express any doubts about their practice or concerns about their levels of skills and knowledge.

CHAPTER FIVE: DISCUSSION

5.1 Overview

This chapter provides a discussion of the analysis and results of this study within the context of the original research question and the current literature in this area, as outlined in Chapter two. The researcher notes that this chapter is not structured in a way that addresses each research area specifically as, whilst the area of cultural competence is more concrete, many of the other findings often relate to both the therapy process and therapeutic relationship. For an IPA study it is not surprising to discover unexpected themes during the analysis that will require the researcher to consider additional literature which has not been highlighted previously (Smith *et al.*, 2009) and as such new literature will also be discussed in this chapter where relevant. A critical evaluation and limitations of the study are outlined and implications for potential future research will also be provided.

Using a semi structured format interviews were conducted with six White counselling psychologists. The aim of the research was to capture their experiences of working with clients whose ethnicity was different from their own. The following areas were explored:

- What is the impact on the therapy process?
- What is the impact on the therapeutic relationship?
- What competencies/skills do they think are important when working with ethnic difference?

Interpretative Phenomenological Analysis (IPA) was the method used to analyse the participant's accounts and three super-ordinate themes were identified which comprised of a number of sub themes. These provide a 'picture' of how white therapists experience working with clients of a different ethnicity.

5.2 Talking about ethnic difference

Whilst all of the participants spoke about their experiences of counselling clients from a different ethnicity there appeared to be an unconscious process that moved their thinking to focus only on what minority ethnic clients might bring to the therapeutic encounter that would be different from White clients. They seemed to find it difficult to stay with the issue of ethnic difference between themselves and the client and even when asked about this specifically would often answer with a focus on the client. The term 'unconscious' has been used as this did not present as a deliberate attempt to avoid discussing ethnic difference but rather may have reflected an underlying discomfort about talking about this issue. Goldsmith (2002) suggests that speaking openly about difference generates anxiety which therapists seek to avoid through denial of difference and an attitude of 'we are all people and therefore all the same'. This was reflected in most of the participant's accounts in some way (e.g. Julia – *"the important thing is that you connect with someone's pain and struggle and shared humanity rather than the things we could point at as the difference..."* (lines: 221-223)).

The above was further highlighted when the researcher would ask about issues raised by ethnic difference in practice and many of the participants would go on to discuss the impact of other types of difference as opposed to race. For example, when Paul was asked about how ethnic difference may have impacted his therapeutic relationships he responded by talking about learning disabilities and then how minority ethnic clients might view therapy (lines: 261-281).

5.2.1 Talking about ethnic difference with the client

Many theorists have argued that an important aspect of cross-cultural counselling is for therapists to acknowledge and address the ethnic difference between themselves and their clients (Harley, Jolivette, McCormick, & Tice, 2002; Zhang & Burkard, 2008). In the current study, whilst the participants all described recognising differences in ethnicity in their minds, none of them

spoke about having a discussion with their clients about this. For example, when asked if he had ever raised the issue directly with a client, Robert responded by saying that he had done this with regards to difference in sexuality but not ethnicity (lines: 396-400). He goes on to assert that he believed doing this would feel like a challenge for the client and the *“equivalent of pushing somebody at arm’s length which would be counter therapeutic...”* (lines: 443-444).

The participants felt that the ability to be self reflective and question their practice was paramount although often this was a process that they undertook with a focus on the client’s ethnicity rather than the issue of ethnic difference. In this way they would reflect on the therapeutic process in terms of asking themselves if the client’s ethnicity was something that was having an impact. Nevertheless, some of the participants did state that, where they might have felt stuck with a client, they would question whether this was due to ethnic difference, for example Julia admitted that she would think *“is it about race, is it about the difference between your colour and ethnicity...”* (lines: 58-59). However, as stated previously, none of the participants actually felt able to have a discussion with the client about their differences in ethnicity.

The researcher questions the reasons for this disparity between what has been encouraged as an appropriate and beneficial strategy in this area and what therapists actually do in practice. A possible explanation could be in line with Robert’s views above in that the participants were reluctant to raise ethnic difference as an issue because they believed that the client may experience this as hostile or that it would damage the therapeutic relationship. Qureshi & Tribe (2012) suggest that counsellors may avoid confronting their own uncomfortable race-related issues which would affect the way they relate to their clients. The participants in this study may have avoided raising the subject of ethnic difference as a way to protect themselves from an issue that they personally found difficult. An avenue for future research would be to explore the reasons as to why White therapists might struggle to engage with their clients in discussions about ethnic difference.

5.3 Difference in perspectives as a result of ethnic difference

The first super-ordinate theme provided an insight into how differences in ethnicity can lead to therapists believing they hold different views to that of their clients which would impact on the therapy process. The participants spoke about feeling that their minority ethnic clients would have a different view of the world which they felt was important to acknowledge in therapy and adapt their practice accordingly, specifically by asking the client about their cultural interpretations during sessions. They also described how clients might have a different understanding about therapy itself in terms of how it could help them and what happens during the process. Eiroa-Orosa & Fernandez-Gomez (2012) discuss the concept of epistemic mismatch where the epistemic vision of the therapist and client belong to different paradigms and suggest that this may happen in an ethnically different therapeutic dyad.

Laungani (2005) proposes that Western cultures subscribe to an individualistic worldview where emphasis is on personal responsibility, self-reliance and self-achievement. Conversely, he states that Eastern cultures' world view is based on communalism which promotes collective responsibility and where individual needs are subordinated to the needs of the family. Eiroa-Orosa & Fernandez-Gomez (2012) argue that epistemic mismatch can be detrimental to establishing a good working alliance and can lead to therapeutic objectives that are incompatible with the client's way of being in the world. They advocate therapists disclosure of their world views to clients as a means of avoiding this potential conflict.

5.4 Ethnic difference in practice

Another theme that runs throughout all of the participant's accounts is a disparity between what they thought they should do in terms of managing ethnic difference and what they actually did in practice. The researcher has attempted to capture this in the second super-ordinate theme, 'the reality of experience', by using the term 'verses' to reflect this conflict in the participant's minds.

5.4.1 The ‘silence of race’

Many researchers and practitioners have commented on what has become to be known as the ‘silence of race’ where issues of race and ethnicity are not spoken about in the therapeutic encounter (Young-Bruehl, 1998; Qureshi, 2007). When they spoke about how they experienced differences in ethnicity with clients the participants would often describe how they approached or adapted their practice but at other times would seek to minimise or avoid the issue with clients. The last sub theme in this section, ‘trying to connect vs. anxiety about getting it wrong’ focuses on the therapeutic relationship, however it may be that there was a more general anxiety for the participants with regards to discussing ethnic difference and a more general concern about ‘getting it wrong’. This is in keeping with Utsey, Hammer & Gernat (2005) who observed indications of anxiety, denial and defence mechanisms in focus groups of White trainees when discussing race and ethnicity. They described how the participants often struggled to describe themselves as White and use the term Black.

Bhui (2012) suggests that having discussions about race, where potentially painful emotions are allowed to emerge, concerns therapists who fear that this would irreparably damage the working alliance, however, he argues that it is an opportunity to deepen the relationship. Nevertheless, Bhui asserts that race is considered to be a taboo area by many practitioners and so is not given attention to in professional training or continued professional development.

5.4.2 The therapeutic relationship

When asked specifically about the therapeutic relationship all of the participants expressed that they had not experienced differences in ethnicity between themselves and their clients to have had a negative impact. On the contrary, some of the participants felt that this had aided the relationship as having someone from outside their community would help clients to feel that

they would not be judged and give them greater confidence in confidentiality (e.g. Paul – *“I don’t want to talk to somebody in my own culture because if I talk to them about this sort of stuff then it’ll get back to my family”* line: 457-459). The participants discussed that they believed their clients felt comfortable with them and had received good feedback from them.

Walling, Suvak, Howard, Taft & Murphy (2012) suggest that minority ethnic clients may experience greater difficulty in establishing a trusting working alliance due to perceived or actual cultural differences or cultural biases. In addition, it has been proposed that White therapists working with minority ethnic clients may symbolise past experiences of mistreatment, racism and discrimination (Gelso & Mohr, 2001; Lago, 2006; Helms & Cook, 1999). Additionally, Quereshi & Tribe (2012) suggest a number of other factors that might have a negative impact on the therapeutic relationship including differences in communication styles (particularly that of emotions), differences in cultural values and the likelihood that the counsellors implicit behaviour implies an own group preference which the client will be sensitive to.

This disparity between the perceptions of the participants in the study and views outlined in the literature suggest that many White therapists may not appreciate how some of the more subtle, non-verbal and unconscious effects of ethnic difference would impact on the therapeutic relationship. A useful investigation in future research would be to compare the views of White therapists and ethnic minority clients with regards to what they consider important in terms of building a good working alliance in the context of ethnic difference.

5.4.3 Transference & cultural transference

One of the subthemes (therapist responding to client vs. client responding to therapist), contained in super-ordinate theme two, reflects the participant’s experience that, in discussing ethnicity with clients, each would be sensitive to, and respond to the cues of the other. As Julia describes *“...we’re in a sort of dance...”* (Julia: line 82). The participants spoke about being aware of

whether the client felt uncomfortable talking about their ethnicity and would not pursue the conversation if this was the case but also recognised that the client would be alert to cues from them about whether or not they were comfortable. A number of researchers have discussed the importance of transference reactions in the cross cultural therapeutic encounter whereby the client introduces an unconscious distortion into therapy by placing onto the therapist the feelings and memories regarding influential figures in the client's life (Kupers, 1981). It has been suggested that the emotions this invokes in the therapist is painful and often avoided as it involves confronting their own uncomfortable race related issues (e.g. Gorkin, 1996; Altman, 2002; Yi, 1995) which has been termed cultural transference.

Gelso & Mohr (2001) discuss the importance of understanding the transference reactions in the cross cultural encounter and the challenge for therapists to remain aware of their own feelings and reactions particularly when discussing issues related to ethnicity. Many of the participants spoke about being mindful of the client's response when talking about their ethnicity and ending the conversation if they thought the client was uncomfortable. However, only one participant (Julia) spoke about being mindful of her own feelings and reflecting on this with regards to discussing ethnicity with her clients. Goldsmith (2002) suggests that therapists can avoid speaking about racial issues to avoid their own anxiety and the feelings it invokes when they do. As such ethnicity and difference become something to 'get past quickly' rather than something to manage and embrace in the therapeutic encounter. Bhui (2012) argues that therapists should be trained to be aware of how working with ethnically different clients can result in transference reactions which would impact on the therapy process and relationship. This would be an interesting area for future research.

5.4.4 Working with the client's race related experiences

As described above the participants discussed how they would think about the impact of ethnicity on the client's problems, for example, Donna spoke about a client who *"wanted to leave her husband but the whole community would shun*

her” (lines: 31-32). They were mindful to consider how the client’s ethnicity and culture might have contributed to their distress and spoke of positive outcomes when they did this. However, the participant’s accounts also reflected that their interventions and discussions remained focused on the internal world of the client as opposed to looking at the wider community or culture in which the client was situated.

Many researchers have argued that traditional psychological theories are based on a Eurocentric model of mental health where problems are located within the person and as such may have limited applicability to people from minority ethnic groups (e.g. Fernando, 2010; Laungani, 2002; Nadirshaw; 1992; Chang & Berk, 2009). This is represented in Robert’s account where he talks about using different theories in his work:

“So I think that the models and concepts of psychology and the models and concepts of psychodynamic processes and internalised models of, of parents and authority figures applies across the board...”
(Robert: Lines 176-179)

Qureshi (2012) suggests that specific types of psychotherapeutic approach or orientation may suit certain cultural groups and argues that, in delivering interventions based on traditional psychological theories, therapists need to give consideration to how racial and cultural factors may require adaptation to practice. For example, a number of multiculturalists assert that various non-Western groups prefer more directive types of therapy (Lin & Cheung, 1999; Sue & Sue, 2002), relational psychoanalysts have claimed that their approach is effective for individuals from collectivist cultures who have a focus on interpersonal relationships given its emphasis on the social context of the client (Walls, 2004; Moran, 2006) and various researchers have shown that cognitive behavioural therapy is valuable for ethnic minority individuals, with or without cultural adaptation (Miranda, Bernal, Lau, Kohn, Hwang & LaFromboise, 2005; Voss Horrell, 2008).

Only one of the participants (Julia) referred to a discussion with a client about their experiences of racism and how this was related to the client's problems. Nadirshaw (1992) points out that practitioners need to be able to consider that the minority ethnic client's problems may be the result of oppression, disadvantage and prejudice and so therapists need to be able to examine the client's interactions within their socio-political, economic and cultural context. This involves a thorough assessment of how issues such as racism and disadvantage have shaped the client's personality.

5.5 Competency

In terms of the research questions this discussion addresses the issue of multicultural competency. The participants all spoke about what skills and qualities they thought were important with regards to developing the confidence and competence to effectively manage issues of ethnic difference in therapy. The American Psychological Association Division of Counseling Psychology has developed a conceptual framework of attitudinal, cognitive and behavioural competencies (D. W. Sue, Arredondo, & McDavis, 1992a) (Appendix A). However, S. Sue (2006) notes that these guidelines tend to only encourage therapists to consider the cultural background of their clients rather than seeking to determine how cultural competence can be measured, conceptualised in terms of skills, implemented in practice and trained in others. Furthermore, in their review of cultural competence models, Bhui, Warfa, Edonya, McKenzie & Bhugra (2007) highlight that the majority of models have been developed in North America or Canada and may have limited applicability in Britain. Nevertheless, they do provide a useful set of guidelines for practitioners in terms of thinking about what elements they do or do not possess.

In the current study the participants described what they felt was important in terms of competence when working with minority ethnic clients which are examined below in relation to Sue *et al*'s (1992) multicultural competencies and the views of some British practitioners in this area. It is of note that the participant's accounts offer more general ways of increasing their competence

rather than some of the more specific skills and knowledge that have been highlighted in the literature on multicultural counselling. This reflects a sense of uncertainty and implies that what is required in Britain is more definitive guidelines for good practice.

5.5.1 A process of reflection

All of the participants described the value of being able to reflect on their practice in terms of multicultural competence. This is not surprising given the importance placed on reflective practice in counselling psychology generally. For all but one of the accounts the process of reflection was focused on whether ethnicity and culture was a factor in the client's problems. Only one of the participants (Julia) spoke about questioning her own practice in terms of whether she may have been avoiding asking her clients certain questions as they were related to issues of ethnicity (e.g. *"...why is this, is this resistance? Is it about race, is it about the difference between your colour and ethnicity..."* (Julia: lines 59-60). This implies that for most of the participants there appeared to be a lack of conscious attention, or perhaps an unconscious process of avoidance, to considering how difference in ethnicity may be impacting on the therapy process and relationship.

Whilst the participants were able to undertake a general process of reflection about the therapy process, it seemed that this was something they would do with all clients and, in the case of a minority ethnic client, the reflection would include thinking about cultural issues, effectively constituting an 'add on'. Dupont-Joshua (1997) suggest that many therapists approach multicultural counselling in this way and point to a lack of training opportunities as a factor that can impede practitioners in developing their skills in this area. Sue *et al's* model includes a number of reflective skills but these are specific with regards to the particular issues that should be focused on. This would imply that counselling psychology training needs to incorporate more explicit attention to multicultural issues when looking at the area of reflection.

5.5.2 Learning about other cultures

In order to increase multicultural competence the participants felt that it was important to learn more about different ethnic groups which they also said would help them to feel more confident working with their clients. They described two ways in which they could increase their knowledge; learning from their minority ethnic clients and seeking personal experiences with other cultural groups. There was a sense that clients would not object to being asked about their culture and indeed many of the participants expressed that this actually helped the clients to open up and talk more freely about themselves. In this regard the client is likely to have felt that the therapist was acknowledging and 'seeing' them in their entirety rather than taking a 'colour blind' approach as discussed in Chapter two. However, Lago (2006) cautions that whilst asking the client about their ethnicity may be the most obvious strategy for learning about a client's cultural experiences, this may impact on the client's perception and trust of the counsellor. He suggests that, on the one hand the client may feel that the therapist is genuinely interested in them, but on the other may experience this as intrusive or a sign that the therapist is more interested in their 'differentness' than trying to help them.

In terms of learning and increasing knowledge of other cultures there was also a belief amongst some of the participants that this was something they should take personal responsibility for by finding ways to engage with minority ethnic communities in their personal lives. For example Robert stated "...make the effort to, to engage and to learn..." (lines: 753-754) which acknowledges that this requires conscious effort on the therapist's part. This is a core aspect of Sue *et al*'s multicultural competencies within the element of 'counselor awareness of client's worldview'. Here they highlight that culturally skilled counsellors would have information and an understanding of the specific group they are working with. In order to gain this knowledge they recommend that therapists should *actively* seek out involvement with minority ethnic people outside of the therapy setting to ensure that their perspective of minority groups goes beyond an academic understanding. Sue *et al* also assert the importance of undertaking educational experiences that will

increase the counsellor's cross-cultural knowledge and skills although this is not something that any of the participants in this study identified. This raises questions about the availability of such experiences in the form of training, conferences and workshops on multicultural counselling and whether there is the need for a greater effort in the provision of these.

5.5.2.1 The risk of generalising

All of the participants discussed the fact that they were aware of the risk of making generalisations based on having knowledge about different ethnicities and cultures and spoke about including this in their reflection process. Whilst increasing knowledge of different cultures was considered important, attempting to simply apply this to a client from a particular ethnicity was considered bad practice and detrimental to the therapeutic process. In effect, this would be tantamount to viewing the client only in terms of their ethnicity rather than working with the individual elements that they bring (e.g. Donna – *"I think a lot of emphasis is put on, on reading but you can't fit a person into a book"* lines: 205-206).

5.5.3 'Physician, know thyself'

Many researchers have commented that one of the requirements for competent multicultural practice is that therapists need to be able to explore their own ethnic background and the history of their 'whiteness' (Lago, 2006; Sue, 2006; Arredondo & Toporek, 2004; Leuwerke, 2005). Interestingly none of the participants in the study made reference to their own racial background as White, rather ethnicity was something that belonged to the other; their clients. Sanchez-Hucles & Jones (2005) argue that White Americans need to gain an insight into their own racial identity in order to better respond to issues of culture and ethnicity with clients and this is likely to also apply to White British counsellors. However, Parker & Schwartz (2002) observed that counselling trainees who were attempting to learn multicultural competencies frequently displayed emotional reactions of guilt and shame. Whilst this might be expected and a natural part of the process, it provides an insight as to why

White therapists may avoid undertaking a deeper examination of race issues. The researcher would suggest that counselling training programmes should create and provide a safe environment in which all trainees can explore their own racial identity.

Another potentially difficult area for therapists developing multicultural competencies is the process of identifying and recognising one's own attitudes and beliefs with regards to ethnic minority groups, including prejudices and judgements. In the current study the participants acknowledged that they would bring certain preconceptions or prejudgements to the therapeutic encounter although, again, spoke about this generally rather than being able to voice their own specific potential prejudices. One participant (Paul) did disclose his awareness of one personal prejudice and interestingly this was towards Scottish people rather than a minority ethnic group. As above, this too suggests a significant level of anxiety, fear and/or reluctance amongst White practitioners to engage with these issues. The researcher wonders if this is partly due to them being afraid of being labelled racist if they were to openly discuss their attitudes. In her account, Felicity spoke about raising ethnicity with a client resulting in a defensive response which she interpreted as the client feeling "*suspicious that there was some kind of racist, um, connotation to what I was saying...*" (lines: 290-291). It may be that this is a concern for White therapists whether they are having discussions about ethnicity with clients or other professionals.

5.6 Limitations of the current study

Whilst every effort was made to conduct this study in accordance with professional and ethical guidelines there remain some limitations which the reader should bear in mind when considering the implications of the findings.

5.6.1 Critique of the methodology

This study has highlighted the need to promote and provide opportunities for White counselling psychologists to engage in discussions about ethnic

difference between themselves and their clients. It has also presented evidence for the need to give therapists clearer guidelines and directions for practice in this area. However, although the study has offered a unique insight into this phenomenon from the perspective of White therapists the findings should not be generalised without caution due to the small sample size. The in-depth analysis offered in this study would have been difficult to provide with a larger sample and the important and often powerful emotions that issues of ethnicity evoke may have been lost. Nevertheless it is acknowledged that the breadth of this research is limited. Future quantitative or mixed methods research could be undertaken with a large sample of White counselling psychologists using structured interviews or questionnaires. This would help to determine the validity of the current findings and prominence of the identified themes amongst White therapists more generally.

As discussed earlier in this chapter there was a sense that the participants struggled to remain focused on the issue of ethnic difference and the possible reasons for this have been explored. Another potential cause of this may have been the interview structure itself and the researcher's ability to direct the attention to the phenomenon being discussed. However, in keeping with Smith *et al.*'s (2009) guidelines the researcher was mindful not to use leading questions and apply a flexible approach in the use of the interview schedule to allow for exploration of the participant's accounts and respond to their experience. Nevertheless, a pilot interview may have helped to develop the interview schedule and raise this as a potential issue that could have been taken into account for subsequent interviews.

5.6.2 The participants

As explained previously the choice to use IPA as the method of analysis was based on the researcher's desire to capture the experience of therapists working with ethnic difference rather than look to generate theory or investigate individual's use of language. Parker & Schwartz (2002) suggest that many White counsellors can be reluctant to take part in multicultural counselling research for a number of reasons including that they fear being

judged to hold racist attitudes and that the process of talking about race leads to guilt and shame. It was hoped that, in what remains a highly sensitive area, a focus on experience would encourage White therapists to engage in an open discourse about the issue without the fear of believing that the aim was to uncover racist or discriminatory views. Although the researcher ensured that the aims of the study were clearly communicated it is possible that some of the participants may have felt concerns about what the researcher was looking for leading them to be guarded in their responses. Additionally at the end of the interview the researcher offered the opportunity for participants to question or comment how they found the interview although it is acknowledged that they may not have felt comfortable or able to state concerns of this nature.

An issue that should be a consideration for all research is the motivations for why the participants agree to take part and this will have an impact on their accounts and the analysis. As outlined in chapter 3, in this study the researcher was required to approach counselling psychologists who were known through professional networks as, despite all efforts, recruitment of participants was problematic. As such their primary motivation may have been to aid the researcher where they otherwise may have declined to participate. If they did not hold a genuine interest in the phenomenon under investigation, or indeed had concerns such as those outlined above, this would have affected the level of their openness and engagement with the interview. However, some of the participants commented at the end of the interview that they had found it an interesting and insightful experience which had given them the opportunity to reflect on an aspect of their practice that they did not usually do.

Smith *et al.* (2009) suggest that for an IPA study the sample should be as homogenous as possible although recognise that this can be problematic for a number of reasons. The researcher acknowledges that the sample in this study contained a number of variable factors between participants including, perhaps most significantly, gender. The main inclusion criteria were that individuals needed to be White counselling psychologists who had

experienced counselling a client from a different ethnicity and had three or more years post qualification experience. Initially the researcher had planned to recruit female counselling psychologists in order to make the sample more homogenous. However, due to recruitment problems it was necessary to be more flexible with the criteria which is line with Smith *et al.* who suggest that expanding the recruitment criteria may be unavoidable if identifying participants becomes problematic. It would have been ideal to have been able to narrow the focus of the study so that gender differences between the therapist and client were also accounted for and as such the researcher recognises that differences in gender may also have impacted the participant's experiences. Indeed, some of the accounts highlighted that for some minority ethnic groups gender and age are also considered important factors in the therapeutic process. It was beyond the scope of this study to compare accounts by gender although this would be an interesting exploration and could be an avenue for future research.

5.6.3 The researcher

If the participants had an influence on the study then it follows that the researcher's position should also be considered with regards to the impact on the process. The phenomenon was chosen because the researcher has a background, interest and passion for contributing to the efforts to progress the dialogue and understanding of multicultural issues. Most obviously perhaps, is the potential effect of the researcher's own ethnicity during the interviews; the visual effect of an ethnic minority interviewer may have generated certain assumptions or anxieties in the participants, for example, concern about using the 'wrong' terminology. This could be an alternative explanation for the anxiety that was interpreted in the participant's accounts when they were talking about their practice with minority ethnic clients.

Furthermore, the researcher acknowledges that personal views and interests may have led to a focus on particular points made by the participants whilst potentially ignoring others. Whilst the former issue of the researcher's ethnicity is difficult to address the latter issue was attempted to be managed

by the use of a reflective diary throughout the research process where potential biases in focus were noted and a rigorous, questioning approach to the analysis in order to try to maintain as much neutrality as possible.

5.7 Reflexivity

This section provides some personal reflections in terms of how the researcher may have influenced the study, a process recommended by Smith *et al* (2009) for IPA research. As such, it will be written in the first person to better capture and express the researcher's thought processes.

From the outset of designing this study I was aware of the potential impact of my own minority ethnic background on all stages of the research. My concerns were that (White) participants would find it more difficult to have open discussions about ethnic difference with me for fear of saying the 'wrong' thing, concern about my motivations for carrying out the study, for example, that I was looking to uncover discriminatory practice, and/or that I might misinterpret what they said. As a result I made every effort to communicate clearly and transparently the aims of the research and was explicit that the focus was not on use of language or the issue of racism, rather I was interested in how they experienced this phenomenon in their practice. However, I recognise that my concern about making the participant feel comfortable during the interview may have led to me being hesitant to question them further on issues of interest that arose. For example, some of the participants spoke about their anxiety of being perceived to be racist by their clients and I could have explored this more as it was a factor in how they worked with minority ethnic clients. I recognise that I did not do this as I did not want them to think that I was looking for evidence of racist practice as I feared that this would severely limit their responses. Nevertheless, I acknowledge that this would have affected the richness of information that was collected in the interviews.

I was also aware of how my own ethnic background and experiences may have influenced the analysis of the transcripts. Having had a background in

race equality work, and experienced what were often difficult conversations on this issue, I was mindful of my expectations and assumptions that many White people struggle to discuss issues around ethnicity. I was concerned that this would affect my analysis in that I might assume that the participants were resistant or reluctant to talk about ethnic difference, particularly any negative effect, leading me to make harsh judgements that were not evidenced in the accounts. I was aware of this throughout the analysis stage and would question my findings and ensure they were grounded and evidenced in the transcripts. However, I am conscious that this may have inadvertently caused me to not examine the accounts critically enough.

5.8 Clinical implications

This study provides a significant contribution to gaining an insight about how White therapists experience the phenomenon of therapy with an ethnically different client. Whilst there is a plethora of research about how minority ethnic clients experience this issue, the extensive literature review revealed very few published studies from the perspective of the White therapist. Additionally, there is a significant lack of qualitative research in this area. More qualitative research would allow the opportunity to more fully explore the impact of ethnic difference and generate a deeper insight into the issues that may arise because of this.

Perhaps the most significant implication of this study is that, for White therapists, discourse about multicultural counselling is a difficult and anxiety provoking endeavour. Whilst practitioners recognise and incorporate the impact of ethnicity in their work, this appears to be an academic approach rather than developing a deeper understanding of how they too are racial beings and as such will influence the therapeutic encounter. This was evident in the transcripts where the participants often spoke about ethnic difference in general or theoretical terms rather than more personal reflections about what this meant for them and their practice. The researcher proposes that what is required is for counselling psychology doctorate training programmes to give greater emphasis on multicultural issues with particular attention to giving all

trainees an opportunity to explore their ethnic and cultural backgrounds. It might be that what is needed is a starting point of acknowledging that discussions about ethnicity and race can be uncomfortable, anxiety provoking and often painful. This would help to foster an environment where race and ethnicity is discussed openly thus allowing future therapists to become more comfortable talking about these issues. There is an argument that this could also be achieved via additional training or workshops, however it is the view of the researcher that this would continue the current trend of viewing multicultural issues as an 'add on' and that, furthermore, it is likely that only those who already have an interest in the area would attend.

The research also indicates that what could assist counselling psychologists working in today's multicultural society is an agreed and established set of multicultural counselling guidelines or competencies. Whilst there have previously been guidelines proposed there is little evidence to suggest that these competencies have been incorporated as an integral part of training and practice. With the development of a national set of multicultural competencies, professional bodies such as the Health and Care Professions Council could integrate this into practitioners continued professional development (CPD). For example, there could be an expectation that therapists provide evidence of how they have developed their knowledge or skills in this area as an element in their CPD.

5.9 Future research

Throughout this chapter the results and analysis have been discussed with suggestions of avenues for future research, for example, exploring more fully the reasons that therapists may be hesitant to talk about ethnic difference with their clients and comparing the views of White therapists and minority ethnic clients with regards to what qualities are important to building a good working alliance in the context of ethnic difference. The current study was designed to be an initial exploration into the experiences of White therapists working with clients from a different ethnicity and as such was purposefully open and broad in terms of its focus. However, in light of the results it could be argued that

many of the subthemes presented could themselves be the focus for future research. This would provide a valuable, more detailed, insight into the issues that concern and are relevant for White therapists working in today's multiracial society and could be used to inform training providers in how to better support them in developing their skills and competence.

5.10 Summary

This chapter has provided a discussion of the results and analysis of the study within the context of the initial research question and areas under investigation. Many of the themes that were generated during the analysis correspond to the literature on ethnic difference in therapy as outlined in Chapter two. For example, all of the participants commented on the difference in worldviews between themselves and their ethnic minority clients and there was a recognition that this would have an impact on the development of the therapeutic relationship, the importance of working with the client's ethnicity was acknowledged and the participants all commented on what they believed to be important skills with regards to competency in multicultural practice. However, it has been noted that the participants tended to discuss the above issues at a distance, that is theoretically rather than personally, offering opinions as opposed to their actual experience. It may be that this was more comfortable for them suggesting that issues of ethnicity remain difficult for White psychologists to talk about.

Related to the above there appear to be some elements of working with ethnic difference that remain 'unspoken'. The participant accounts revealed a sense of uncertainty and anxiety about raising the issue of ethnic difference with clients and this is something that none of the participants felt able to do. The implications for clinical practice and future research have been discussed. The researcher suggests that, perhaps most significantly, what is required is a more detailed exploration of what may impede White counselling psychologists to have discussions about ethnic difference with their clients so that we may open up the discourse in this area where multicultural counselling becomes something that is embraced by all rather than the 'minority'. This

would also help to inform training providers how to better equip therapists with regards to multicultural counselling competencies and skills.

CONCLUSIONS

The objective of this research study was to explore White therapist's experiences of working with clients from a different ethnicity to themselves. In particular the following were areas of specific interest: what is the impact on the therapy process? What is the impact on the therapeutic relationship? And what competencies/skills are important when working with ethnic difference? Interpretative Phenomenological Analysis was chosen as the method in order to allow an in-depth exploration of each participant's experience in its own right whilst also being able to highlight commonalities across the accounts.

Analysis of the transcripts resulted in three super-ordinate themes; 'Different worlds'; 'The reality of experience'; and 'What is competence?' The first two super-ordinate themes reflected the participant's experience in terms of the therapy process and relationship (although also contained some elements of competence). It was felt that ethnic difference would result in clients having a different view/approach to the world and therapy which the participants acknowledged would mean that they needed to try to understand and see things from the client's perspective. However, there was a tendency for the participants to talk in general terms rather than discuss aspects of their own personal experience. 'The reality of experience' was the largest super-ordinate theme as it represented the process and aspects of the participant's practice when working with minority ethnic clients. Perhaps most significantly, this super-ordinate theme reflected elements of uncertainty or disparity between what they thought was the most appropriate approach to working with ethnic difference and what they actually did in practice. A possible explanation for this from the analysis of the transcripts was that there was a sense of anxiety about 'getting it wrong' or offending the client and therefore damaging the therapeutic relationship. Finally the participants all commented on what they believed to be important in terms of skills and knowledge when working with ethnic difference and this is captured in the third super-ordinate theme 'what is competence?'

The results were found to be somewhat consistent with the existing literature in terms of the impact of ethnic difference on the process of therapy and this has been discussed including clinical implications and suggestions for future research. Nevertheless, perhaps one of the most significant findings to emerge from the study was that none of the participants felt able to talk about the issue of ethnic difference with their clients and there was a sense of anxiety about doing so. The aim of this study was to provide an initial exploration into White therapist's experience of working with ethnic difference as the majority of literature has tended to focus on the minority ethnic client. The study was designed so that participants would feel able to give a voice to their experience and encourage an open dialogue about their multicultural practice. It would seem from the results that, whilst the participants recognised the potential influence of ethnic difference in therapy, there remains a degree of anxiety or uncertainty about discussing this with the client. The area of multicultural counselling would benefit from future research exploring the reasons for this so that ways in which issues relating to ethnicity in therapy may be more openly discussed and owned by all, not just the 'minority'.

"We may have all come on different ships, but we're in the same boat now"

Martin Luther King, Jr. (1929-1968)

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APPENDICES

APPENDIX A: Proposed multicultural counselling competencies²

Competencies Objectives	Attitudes & Beliefs	Knowledge	Skills
Counsellor awareness of own cultural values and biases	<ul style="list-style-type: none"> • Moving from being culturally unaware to culturally aware and sensitive to own cultural heritage • Awareness of how own background influences personal attitudes and beliefs and therefore the therapy process • Recognition of limit of own expertise • Comfortable with ethnic difference between self and client 	<ul style="list-style-type: none"> • Personal knowledge about own background and heritage • (for white counsellors) Understanding how they may have benefitted from racism (White identity development) • Knowledge about social impact on others including communication style differences 	<ul style="list-style-type: none"> • Seeks out educational and training experiences to improve understanding • Continued development of understanding of self as racial being
Counsellor awareness of client's worldview	<ul style="list-style-type: none"> • Awareness of negative reactions towards other ethnic groups and willingness to explore these • Awareness of personal stereotypes and preconceptions towards other ethnic groups 	<ul style="list-style-type: none"> • Specific knowledge of the particular group that the therapist is working with • Understanding of how ethnicity may effect personality formation and lifestyle and assessment of appropriateness of intervention approaches • Knowledge of socio-political issues that influence the life of minority ethnic individuals 	<ul style="list-style-type: none"> • Actively seeks educational experiences to improve cross cultural knowledge, understanding and skills • Actively seeks out experiences outside of the therapy setting with minority ethnic individuals to foster a less academic perspective

² Reference: Sue, D. W., Arredondo, P. & McDavis, R. J. (1992a). Multicultural counselling competencies and standards: A call to the profession. *Journal of Counseling and Development*, 70, 477-486.

Culturally appropriate intervention strategies	<ul style="list-style-type: none"> • Respectful approach to client's religious/spiritual beliefs including attributions and taboos • Respectful approach to minority ethnic group's traditional helping practices • Does not see language difference as an impediment to counselling 	<ul style="list-style-type: none"> • Knowledge of generic characteristics of counselling and therapy and how this may clash with the values of some minority ethnic groups • Awareness of barriers for minority ethnic people to accessing mental health services • Awareness of potential biases in assessment instruments and adjust practice where necessary • Knowledge of minority ethnic family structures, values and beliefs • Awareness of any discriminatory practices at the community level that may be impacting on the population being served 	<ul style="list-style-type: none"> • Recognition that helping styles may be culture bound and so flexible in approach including verbal and nonverbal interventions • Facilitates client understanding about whether problems may be related to racism or discrimination • Where appropriate incorporates consultation with traditional healers in the treatment of minority ethnic clients • Takes responsibility for interacting in the language requested by the client. If not possible appropriate referral made • Training and specific expertise in use of testing instruments including awareness of cultural limitations • Awareness of socio-political context and issues of oppression and racism and working towards eliminating discriminatory practices • Takes responsibility for educating clients about the counselling process
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APPENDIX B: Information Sheet

University of East London
Stratford Campus
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E15 4LZ

University Research Ethics Committee

If you have any queries regarding the conduct of the programme in which you are being asked to participate, please contact the Secretary of the University Research Ethics Committee, Ms Debbie Dada, Admissions and Ethics Officer, Graduate School, University of East London, Docklands Campus, London E16 2RD (Tel 020 8223 2976, Email: d.dada@uel.ac.uk)

The Principal Investigator(s)

Miloni Patel

Contact telephone no.: 07769 350 076

Email: milu101@o2.co.uk

Consent to Participate in a Research Study

The purpose of this letter is to provide you with the information that you need to consider in deciding whether to participate in this study.

Project Title

Counsellor-client ethnic differences: The therapeutic process, relationship and competence.

Project Description

This study aims to explore the experiences of therapists who have counselled clients from a different ethnicity to their own. It is concerned with whether therapists experience this in a different way to counselling clients who are of the same ethnicity and what, in their opinion, may be the reasons for this. It is not concerned with whether therapists and clients should be 'matched' in terms of ethnicity but is more interested with how therapists actually experience this difference in everyday practice. A lot of research has been conducted in this area from the client's point of view and I believe it is important to also look at therapist's experiences and 'give a voice' to these. In addition, I am also interested in what you, as a therapist, think may be helpful in terms of ensuring that people are confident in their skills to work different ethnicities.

If you agree to participate in this study I will ask you to take part in an interview which should last no longer than 1 hour. During the course of the interview I will ask you to tell me about your experiences of

working with clients who were from a different ethnicity to your own. I will record this interview on a Dictaphone which I will then transcribe.

Confidentiality of the Data

All recordings and transcripts will be stored at my home address. You will not be personally identifiable on any of these as all participants will be given an alphabetical code e.g. participant A. Once the research study has been completed all interview recordings will be deleted. I may wish to publish or extend my research at a later date and so will keep anonymised transcripts for three years following completion of the research. No information that identifies you will be retained and the transcripts will be destroyed at the end of this period.

Disclaimer

You are not obliged to take part in this study. You are free to withdraw your consent during the data collection phase of the study (within three months) and are welcome to view your transcript for accuracy should you wish. Should you choose to withdraw from the study you may do so without disadvantage to yourself and without any obligation to give a reason.

Many thanks for taking the time to read this and for your consideration to participate in my research. If you would be interested in participating you can contact me using the phone number or email address above. Interviews will be conducted at a time and place convenient for yourself.

APPENDIX C: Demographic form

Name:	
Date of birth:	
Number of years post qualification experience:	
Place of work / general area of work:	
What ethnic group would you identify with?	

APPENDIX D: Letter confirming University of East London ethical approval

ETHICAL PRACTICE CHECKLIST (Professional Doctorates)

SUPERVISOR: Lara Frumkin

ASSESSOR: Mike Chase

STUDENT: Miloni Patel

DATE (sent to assessor): 02/04/2012

Proposed research topic: What are the experiences of White therapists with regards to the therapy process, therapeutic relationship and their competence when counselling clients from a different ethnicity to their own?

Course: Professional Doctorate in Counselling Psychology

- | | |
|--|-----|
| 1. Will free and informed consent of participants be obtained? | YES |
| 2. If there is any deception is it justified? | N/A |
| 3. Will information obtained remain confidential? | YES |
| 4. Will participants be made aware of their right to withdraw at any time? | YES |
| 5. Will participants be adequately debriefed? | YES |
| 6. If this study involves observation does it respect participants' privacy? | NA |
| 7. If the proposal involves participants whose free and informed consent may be in question (e.g. for reasons of age, mental or emotional incapacity), are they treated ethically? | NA |
| 8. Is procedure that might cause distress to participants ethical? | NA |
| 9. If there are inducements to take part in the project is this ethical? | NA |
| 10. If there are any other ethical issues involved, are they a problem? | NA |

APPROVED

YES		
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MINOR CONDITIONS:

REASONS FOR NON APPROVAL:

Assessor initials: MC

Date: 8/5/2012

RESEARCHER RISK ASSESSMENT CHECKLIST (BSc/MSc/MA)

SUPERVISOR: Lara Frumkin

ASSESSOR: Mike Chase

STUDENT: Miloni Patel

DATE (sent to assessor): 02/04/2012

Proposed research topic: What are the experiences of White therapists with regards to the therapy process, therapeutic relationship and their competence when counselling clients from a different ethnicity to their own?

Course: Professional Doctorate in Counselling Psychology

Would the proposed project expose the researcher to any of the following kinds of hazard?

- | | | |
|----|--|----|
| 1 | Emotional | NO |
| 2. | Physical | NO |
| 3. | Other
(e.g. health & safety issues) | NO |

If you've answered YES to any of the above please estimate the chance of the researcher being harmed as: HIGH / MED / LOW

APPROVED

YES		
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MINOR CONDITIONS:

REASONS FOR NON APPROVAL:

Assessor initials: MC

Date: 8/5/2012

APPENDIX E: Consent to participate form

UNIVERSITY OF EAST LONDON

Consent to Participate in an Experimental Programme Involving the Use of Human Participants titled:

Counsellor-client ethnic differences: The therapeutic process, relationship and competence.

I have the read the information leaflet relating to the above programme of research in which I have been asked to participate and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what it being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen once the experimental programme has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the programme (within three months) without disadvantage to myself and without being obliged to give any reason.

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Investigator's Name (BLOCK CAPITALS)

.....

Investigator's Signature

.....

Date:

APPENDIX F: Semi structured interview

Interview Schedule

Can you tell me about your experience of working with clients from a different ethnicity to yourself?

1. In your experience how do you think differences in ethnicity between yourself and your client(s) have impacted on the therapy process?
- can you give me an example of any client(s) that come to mind?
2. For you, how have differences in ethnicity between you and your client(s) impacted on the therapeutic relationship?
- can you give me an example of any client(s) that come to mind?
3. To what extent do you feel confident to work with clients from a different ethnicity and why?
- what do you think is important in terms of skills when working with clients from a different ethnicity?
4. What do you think may help therapists to increase their confidence and skills when working with a client from a different ethnicity to their own?

APPENDIX G: Robert - Interview Transcript

Emergent Themes		Interview	Initial notes
Time frame of experience	1	I: Okay, so just generally for the, at the beginning could you tell	<p>Time frame of experience Context</p> <p>What counts as ethnic?</p> <p>Ethnicity = different approaches to life. For counselling – how they interact and disclose.</p> <p>Experience of a number of different ethnicities.</p>
	2	me about your, any of your experiences of working with clients	
	3	from a different ethnicity to yourself?	
	4	P: Okay, well it ranges over, erm, quite a few years actually.	
	5	Erm, when I was in private practice working, and working for	
	6	the NHS and I also did some couples work, I had a range of, er,	
	7	ethnic group presentations if you like, erm, my first experience I	
	8	think was probably with a, er, an Indian guy, that was NHS. I	
Definition of an ethnic group	9	also has an Iranian guy in, in couples therapy, erm, I've had, er,	
	10	I've also had Eastern European, I don't know quite, that's, that	
Difference in world view/approach to life	11	actually does count I think because they also a very, very	
	12	different approach to, to life and the world and how they interact	
	13	and disclose. Erm, so that was pre coming to the Prison Service,	
	14	in the Prison Service I've had a hold mix of people from	
Level of experience with different ethnicities	15	Africans, Afro-Caribbeans, erm, I've had Sikh, Pakistani, er,	
	16	South American, Hondurans, erm, so quite a variety of different	

<p>Approaching all clients in the same way</p> <p>Personal experience of different ethnic groups</p>	<p>17 cultural approaches.</p> <p>18 I: Let's start at the beginning then you said you kind of, you</p> <p>19 thought back to first experience was with an Indian client,</p> <p>20 erm...how was that experience in light of maybe some of the</p> <p>21 other experiences?</p> <p>22 P: Erm, I suppose I approached it in the way that I would</p> <p>23 approach any client, erm, I have kind of, I think a bit, an issue of</p> <p>24 background here that might need to flag up because I come from</p> <p>25 a specific area of the West Midlands called the Black country.</p> <p>26 Now it's called the Black country not as it was assumed by</p> <p>27 somebody else I spoke to because of the ethnic mix but because</p> <p>28 it's an industrial evolution area. Erm, but it has a very large</p> <p>29 immigrant population, erm the school I went to, my first school,</p> <p>30 erm, had a very large ethnic population, erm, my secondary</p> <p>31 school also had a very large ethnic population, my next door</p> <p>32 neighbour was Afro-Caribbean as a child so we grew up in an</p> <p>33 environment which is not I suppose your normal White middle</p> <p>34 class British environment.</p>	<p>Same approach as with all clients</p> <p>Personal historical experiences of minority ethnic people.</p> <p>Growing up in an area with a big ethnic minority population.</p>
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<p>Interactional differences in different ethnic groups</p> <p>Awareness of differences</p> <p>Differences between different ethnic groups</p> <p>Experience of division between white and ethnic groups</p> <p>Disagreement with racist views</p> <p>Racism as a result of fear of difference</p> <p>Previous personal positive experiences of ethnic minority groups</p> <p>Impact of previous exposure to ethnic minority groups</p> <p>Importance of not assuming understanding of clients world</p> <p>Level of awareness of differences</p> <p>Importance of presenting self as comfortable</p>	<p>35</p> <p>36</p> <p>37</p> <p>38</p> <p>39</p> <p>40</p> <p>41</p> <p>42</p> <p>43</p> <p>44</p> <p>45</p> <p>46</p> <p>47</p> <p>48</p> <p>49</p> <p>50</p> <p>51</p> <p>52</p> <p>53</p> <p>54</p>	<p>I: Yep.</p> <p>P: So I already had some idea of the difference of interactions and, and the different cultural approaches that people have from different ethnic groups. I was aware of it primarily because also the area I grew up in was very, very divided when I first grew up, this is the land of Enoch Powell, Rivers of Blood so when I first grew up, I mean I grew up in a family that was partly racist (laughs) erm, and that, that caused conflict for me because they'd grown up before this had happened, before the influx. So there was a lot of distrust, a lot of fear and a lot of not understanding, I mean a lot of the, a lot of the racism was, was born out of ignorance and fear, erm, I'd had a different experience because I went to school and one of my best mates was Sikh and I sat next to a girl who taught me how to write my name in Urdu and, and basically I had a very different experience so I come from it not assuming that I understand the cultural, erm, differences but being more aware of them, I think, than the average White British. So I don't know whether that sort of just made me just approach every client as just a client which is what I tended to do and still do do, erm, and make it</p>	<p>Difference in interaction with ethnic groups</p> <p><i>Made him more aware?</i></p> <p>Different cultural approaches</p> <p><i>So not just about ethnicity as a whole but different approaches depending on ethnicity</i></p> <p>Experience of division b/w White and ME groups</p> <p>Context of racism within his family (embarrassment?)</p> <p>Disagreement with this view</p> <p>Racism linked to fear and ignorance</p> <p><i>Emotional response by others to ME groups</i></p> <p><i>Context of racism</i></p> <p>Growing up he had positive experiences with ME people</p> <p><i>Exposure to different ME groups</i></p> <p>Not assuming he understands.</p> <p>Previous experiences with ME groups has made him more aware of differences</p> <p><i>Wants to present himself in a positive light? Important that he communicates its not a problem</i></p>
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Same approach to practice regardless of ethnicity	55	very open to the person that I'm dealing with, first of all I don't	Approaches ME clients like any other client
Minimising difference	56	know, I mean it depends, of course, if you have British Asians,	<i>Does this minimise the difference?</i>
Impact of client's level of acculturation on perception of difference	57	for example, or Asian Asians, er, there's a very different kind of	<i>Important to present as someone who views these issues differently from other White people?</i>
Eliciting the client's story	58	experience there, erm, and so I start from the basis of you tell me	Level of acculturation a factor
Entering the client's world	59	your story, you tell me what you want to do, what you want to	<i>Why? What does that mean for him in therapy?</i>
Client led therapy	60	achieve and I'll go with you wherever you want to take me and	Asks the client about who they are and their experience
Importance of asking the client to inform understanding	61	if I don't understand something I'll ask you to educate me. So	<i>Gives control to client</i>
Responsibility of client to inform therapist	62	it's much a kind of mutual learning curve really, and I've	If he doesn't understand he'll ask
	63	learned a lot that way, er, I can recall particularly learning an	<i>Client's responsibility to educate him?</i>
	64	awful lot about, from an Afro-Caribbean guy who was in a	Learns from the client.
	65	relationship with a White woman, and they, this was when I	
	66	working for Relate, I was a couples counsellor and they were in	
Ability to recognise ethnicity as a feature of the client's problems	67	conflict and I actually sat there and thought I can see here that	
	68	the cultural difference is causing the conflict...	Able to recognise when culture maybe relevant to the client's problems
	69	I: Yep.	
Level of comfort to raise ethnicity as an issue for the client	70	P: ...because I'm out of it. So then it was a matter of pointing	
	71	out what I saw to the people in it to get their understanding so in	Comfortable to mention culture as part of the clients issues
	72	a way me being able to observe and understand the culture	

Understanding cultural issues as a means to facilitate engagement	73	conflict and to learn helped me to engage better with them so	Understanding cultural issues helps him to engage better.
Ability to communicate lack of understanding	74	I'm not afraid to ask if I don't understand something and I'm not	Not worried about asking if he doesn't understand
Reflective self	75	afraid to challenge my own assumptions, I think it, I mean I	<i>Recognition that he would have assumptions</i>
Recognition of personal assumptions	76	can't say I approach it terms of Oh this somebody from another	<i>Not a conscious process?</i>
Minimising potential impact	77	culture, I must treat them differently or I must consider that I	<i>Assumption that it would involve treating them differently</i>
Unconscious vs conscious adjustment to practice	78	might be not understanding them, I approach it from, I suppose a	<i>Something more instinctive about his approach – so client's response important</i>
Awareness of client's response in therapy	79	more reflective, instinctive kind of, does this feel right or doesn't	TR important – tries to build a strong TR so if he does get it wrong client willing to say.
Good TR as a basis for client's ability to provide feedback	80	it feel right? Um, and then I build a relationship up that says if I	
Importance of client feedback	81	do get something wrong or I'm not understanding something,	Has had experience where client's have told him he doesn't understand.
Open style to practice	82	you're quite willing and quite prepared to tell me in no uncertain	Open approach
	83	terms, oh I've had that happen quite often where they've said no	
	84	you don't get it. So I, I suppose I take it from a (sighs) a kind of	
	85	relaxed, very open kind of style, I suppose a very reflexive kind	
	86	of therapist I am anyway, I mean I'm a pretty relational model	
Importance of the TR	87	therapist so I focus on primarily the relationship between me and	Focuses on the TR
Assumption that talking about ethnic difference = looking for problems	88	the other person and I don't necessarily feel that ethnic	<i>Assumption that this is what I'm looking for?</i>
Ethnic difference not a barrier to the TR	89	difference is a barrier to making a connection with someone at	
	90	quite, quite a close or, or ,or human contact level. Then the	Does not think ethnicity is a barrier to the TR.
	91	second issue is what preferred mode of working, processing do	Connection on a human level
	92	they have, and that varies but it often doesn't sort of necessarily	

Connecting with client's on a human level Ethnicity as a peripheral issue Discussions about ethnicity as a means of gaining richness of information Importance of not assuming understanding	93 94 95 96 97 98 99	vary according to ethnicity. So if those two things are in place the ethnicity is the richer bit that you learn as you go along I suppose, um, the important thing is never to assume, never to assume you understand where somebody is coming from, um, and never assume that what you might find is obvious or easy as a, as a method or as a process of engagement is going to be easy for the person who's from the other side because there are	How people like to work important – not necessarily determined by ethnicity <i>So ethnicity more of a peripheral issue?</i> Ethnicity provides richer info Important not to assume <i>So looking at it from their shoes?</i>
Gender differences within ethnic minority groups	100 101 102	issues, erm, in ethnicity of self image, particularly with males, erm, self image, erm, control, sense of power or autonomy which does sometimes make it difficult for some men from some	<i>Particular issues for clients as a result of their ethnicity?</i> Gender differences
Difficulty in engagement amongst ethnic males Adjustment of practice	103 104 105 106	cultures to engage er, but I think in that case what you need to so just to be very sensitive to the fact that you don't push it and you allow them to engage at their pace. But it has to be said that I would do that with anybody anyway because there are people	Some issues make it more difficult for ME men to engage in therapy - <i>adjusts practice</i> More at the clients pace - if aware of what might be preventing engagement he can try and work with it.
Similarity of client problems in white and ethnic minority clients Consistency of approach with all client's regardless of ethnicity	107 108 109	from Glasgow who have the same problem, people from Liverpool have the same problem, people from Southampton or London or anywhere else will have the same problem you know,	<i>Some issues not necessarily limited to ME groups – sees the same in some White cultures</i>
Differences across different ethnic minority groups	110 111 112	um, it just may be, I'm thinking particularly with, with Middle Eastern cultures may be goes a little deeper because I think, has to be said that Middle Eastern cultures I've had the least, in my	<i>Not limited to ME groups – some practice with all clients</i> <i>Some issues more pronounced in particular ME groups</i>

<p>Specific issues arising in specific ethnic minority groups Self as reflective practioner</p>	<p>113 experience the least effect...and I think that's down to a 114 difficulty in engaging in the kind of (sighs) vulnerable exposure 115 that therapy sometimes expects of people.</p> <p>116 I: Could you maybe think about a specific client that maybe you 117 could talk about...</p> <p>118 P: Yea, Yea,</p> <p>119 I: where that's come across?</p> <p>120 P: Yea, I can think of, er, an Iraqi guy, erm, who had, who had 121 previously had two goes at engaging and then I think made it 122 half way through the assessment and bounced out. He came to 123 see me and he made it to session 4 of the 8 or was it 5, I think 4 124 or 5 of the 8 and then retreated, or just didn't turn up, just 125 disengaged, just said sorry can't do this anymore and 126 interestingly I spoke to him, erm, about a month ago, the, I, I 127 worked with him early part of last year and I was walking 128 through the prison just before Christmas, about 2 months ago</p>	<p>Feels he's had the least impact with Middle Eastern cultures – feels its down to difficulty in being vulnerable <i>Tries to reflect and understand what might make therapy difficult for some ME clients</i> <i>About the client's issues – doesn't really think about whether difference may be a factor</i></p>
<p>Reluctance to talk about personal</p>		

<p>Issue of gender differences in therapy with ethnic minority clients</p> <p>Absence of direct discussions with client's about their ethnicity</p> <p>Consideration of impact of ethnicity vs discussion with client</p> <p>Importance of empowering the</p>	<p>147 engage with a therapist and each time he'd engaged it had been a</p> <p>148 woman therapist. Now I don't know what that's about, whether</p> <p>149 that's significant or not but each time he'd turn up for a session,</p> <p>150 for the assessment, he'd be very pro active, then missed a</p> <p>151 session, then turned up for the next session and been warned that</p> <p>152 if he missed another one he'd be thrown out because they were</p> <p>153 very strict timing and then was given, given another chance and</p> <p>154 another chance then sent a letter saying we've withdrawn your</p> <p>155 therapy because...and I saw him for an assessment, he was very</p> <p>156 pro active, came to the first session and was very pro active then</p> <p>157 missed a session so I wrote to him and said you missed a</p> <p>158 session, please attend the next one, he came to the next one and</p> <p>159 then he missed another one. And I looked back and saw this</p> <p>160 pattern of behaviour and the next session I said to him I've</p> <p>161 noticed that you've done this before and I'm just asking you do</p> <p>162 you actually wanna be here and do this? Yes, okay, so I said</p> <p>163 well because if you're gonna do this you need to turn up and be</p> <p>164 here to do it, I'm not gonna tell you that you can't come back for</p> <p>165 therapy because I'm not gonna let you put me in a position</p> <p>166 where I'm throwing you out of therapy, if you don't turn up for</p>	<p>Gender differences have an impact</p> <p><i>Perhaps more difficult for EM men to engage with a female therapist?</i></p> <p><i>Had a discussion with the client about lack of engagement – but didn't mention ethnicity or could have talked about cultural attitudes to therapy?</i></p> <p><i>Seems like he considers it a potential</i></p>
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client	167	my sessions you are making the choice of whether you do this	<i>issue but doesn't talk about it with the client.</i>
	168	work or not, not me, so I'm giving you the responsibility to have	Empowers the client
	169	to make that decision of whether or not you come back or not.	
	170	And he went away and came back for every other session and	
	171	did the work and completed it. Now that wasn't the challenge	
	172	about ethnicity, I don't think personally it was a challenge about	
	173	whether it was a man or woman doing it. I think it was a	<i>So did not consider that ethnicity may have played a part?</i>
	174	challenge of who takes responsibility for the little boy here who	
	175	doesn't want to do this. Is it me or you, and I'm not gonna be	
Application of psychological theory regardless of ethnicity	176	your rejecting parent. So I think that the models and concepts of	
	177	psychology and the models and concepts of psychodynamic	Theoretical practice applies to all clients regardless of ethnicity.
	178	processes and internalised models of, of parents and authority	<i>But is he taking into account the Eurocentric basis of most theories?</i>
	179	figures applies across the board, um, how they interact or how	
Minimisation of potential impact of ethnicity	180	they impact on the individual I think can sometimes vary	
View of individual as opposed to ethnic minority group	181	according to ethnicity but I still do actually believe that it's more	<i>Minimising the potential impact of ethnicity?</i>
	182	to do with the individual than it is to do with an ethnic group.	Personal view that it's about the individual – <i>but what about the wider 'systems' that exists in many ME groups</i>
	183	I: You, you mentioned, cos we started this with, with you saying	
	184	about, maybe there's more difficulties with engagement and a	
	185	couple of things, you...	

Barriers to ethnic minority men engaging in therapy	186	P: Yea.	Gender
	187	I: ...you, couple of clients you described where that was the	
	188	case. What I guess in your experience and maybe just your	
	189	views would you say are the difficulties with engagement or	
	190	what, what, what, what might make it more difficult for some	
	191	ethnicities to engage?	
	192	P: I think that's quite a simple one to answer actually. Er, on the	Admitting weakness prevents many EM men from engaging.
	193	face of it, um I think one of the biggest barriers to, specifically	
	194	Asian and specifically, erm, perhaps even Latino men, Latin	
	195	American men, South American men, engaging in therapy is the	Gender differences
	196	admission of a weakness...	
	197	I: Okay, yea...	Gender and ethnic difference
	198	P: The admission of the need for help but then blokes do that	
	199	anyway, erm, but I think in the, in the, in terms of South	
Gender differences within ethnic	200	American case there is the machismo culture, you know the, the	

minority groups	201	very macho, kind of, male thing. In, erm, in the Middle Eastern	<i>So cultural attitudes about asking for help can be a barrier to engagement.</i>
Cultural attitudes towards therapy	202	and Eastern cultures I think there is also an element of that but	
	203	it's kind of a, it's kind of a different kind of machismo because	
	204	it's not about I'm, I'm a male and look at the testosterone, this is	<i>Particular issues in men of certain EM groups that may effect their engagement in therapy.</i> <i>General view of different cultures – doesn't really talk about asking the client how their culture may affect the way they see therapy?</i> <i>Physical rather than emotional?</i>
Barriers to engagement amongst ethnic minority men.	205	it, women have to do what I tell them. I think it's more of an	
	206	ingrained expectancy of, of autonomy, of self reliance and self	
	207	independence, er, I think probably because the environment is so	
Consideration of ethnicity within therapy in a general sense vs how it specifically impacts the client	208	much more brutal, the, I mean the Middle Eastern environment	
Focus on clients ethnicity as an influential factor rather than difference between self and client	209	geographically as well as culturally is quite unforgiving, okay,	
	210	um, you have to fight to survive, it's very competitive and the	
	211	competition isn't necessarily between people it's between you	
	212	and the land and the sky and the sun and, and whatever happens	
	213	to be shooting at you this week.	
	214	I: Yep.	<i>Is this what he feels happens in therapy?</i>
	215	P: So that tends to build a kind of reliance that says I shouldn't, I	
Ethnic minority men's reluctance to show weakness	216	can't show weakness. If I show weakness that exposes my, me	
	217	to my enemies. And to actually come and sit in, in, in the room	
	218	and openly talk about those weaknesses is quite a challenging,	

<p>Ethnic minority client's willingness to engage (men)</p> <p>Influence of context</p> <p>Being transparent about the therapy process</p> <p>Importance of trust</p> <p>Open approach as a means of building trust</p>	<p>219 daunting prospect because you're always looking for</p> <p>220 the...what's this gonna cost me? What's the risk in this? So I, I</p> <p>221 find a lot, a, a lot, dunno if it's a lot but quite a lot of</p> <p>222 ambivalence initially, er, in terms of engagement. I spend a lot</p> <p>223 of time reassuring people, I do that in terms of prison setting</p> <p>224 anyway because I think, partly the, this attitude of distrust</p> <p>225 mirrors the prison setting of he's staff I'm a prisoner, I'm gonna</p> <p>226 get stitched up here. And so there's an element of that too so</p> <p>227 maybe the setting blurs it a bit but I spend a lot of time saying</p> <p>228 look, what you see is what you get. I'm not here to do this, I'm</p> <p>229 not here as part of the regime, I have rules to follow but I'll be</p> <p>230 open to telling you when I'm following them, um, I really, I</p> <p>231 understand that you have the, trust is a big thing and it's difficult</p> <p>232 but ultimately this don't go anywhere unless you trust me. And</p> <p>233 then I leave them to make their choice, some do, some don't.</p> <p>234 But I have to say, on the basis of my current evidence, most do.</p> <p>235 Um...the ones that don't make the decision very early on and</p> <p>236 just disengage and either say no I can't do this or no I don't</p> <p>237 wanna come back...</p>	<p>Willingness to engage. <i>ME men ambivalent about therapy.</i> <i>Distrust</i> Context</p> <p>How context can affect the issues <i>Open about his own way of working</i></p> <p>Is open as a way of building trust. Trust important <i>Generality of approach – rather than having specific discussions about ethnicity</i> Being open means people more likely to engage with him</p>
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<p>Traumatic experiences of client's from other countries</p> <p>Some ethnic minority clients can come with more traumatic experiences</p> <p>Influence of religion in therapy</p> <p>Importance of religion to some ethnic minority clients</p> <p>Being able to tolerate client's reluctance in therapy</p> <p>Importance of communicating role of self in therapy</p> <p>Willingness to enter the world of</p>	<p>255 sessions...you had?</p> <p>256 P: How I, how I experienced him or how I experienced the</p> <p>257 session?</p> <p>258 I: Both...</p> <p>259 P: Okay. How I experienced him was as a...as a wary animal.</p> <p>260 Um, he'd grown up in the Iraqi war, he'd, er, had some pretty</p> <p>261 horrendous experiences, um, his life had been fairly, sort of,</p> <p>262 unforgiving, um, he had a very strong religious belief, a very</p> <p>263 powerfully strong Islamic religious belief which left him feeling</p> <p>264 that he'd failed himself and his God, um, and it's almost like this</p> <p>265 failure was part of his punishment for what he'd been through so</p> <p>266 self fulfilling prophecy kind of stuff so he was very why should</p> <p>267 you want to help me, well I don't deserve to be helped kind of</p> <p>268 attitude. So a lot of that was about me sitting with that, erm, cos</p> <p>269 I couldn't persuade him otherwise, I had to let him come to that</p> <p>270 decision. So I basically laid down the framework of I'm here to</p> <p>271 listen, let's explore your story, lets talk about that, lets look at</p> <p>272 the bits where you think you've failed and see if you actually</p>	<p>Clients from other countries can come with traumatic experiences</p> <p>Religion</p> <p><i>Religion as part of the client's issues</i></p> <p>Being able to sit with client's wariness/reluctance.</p> <p>Communicates his role to clients. He communicates that he wants to hear the client's experiences – stays within</p>
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the client	273	have failed or whether it's just you feeling you've failed. And it	their world – helps them to engage.
	274	was at the point where he, and I mean he, he engaged very well	
	275	and very openly in terms of articulating with me, he was very	
Ethnic minority clients initially more cautious about therapy	276	happy to talk, what he talked about and how he talked about it	
	277	was initially very cautious, as he opened up and started to talk	
Therapy process challenges ethnic minority client's perception of of their ethnicity	278	about more things his perception maybe was starting to become	<i>ME clients initially more cautious about therapy?</i>
Self as a facilitator of client's exploration	279	challenged and it was when his perception of himself began to	<i>Does it also challenge the client's view of their culture/ethnicity?</i>
	280	become challenged by him, not by me, that I think he started to	<i>How does he address this?</i>
	281	get anxious because I think at that point he realised that what he	<i>Helps clients to find their own way.</i>
	282	was doing wasn't just going through the motions of something	<i>Because the client then disengaged</i>
	283	that he could get out the other side just to shut his offender	
Ethnic minority client's view that therapy not helpful	284	manager up he actually realised and I think quite a few people	
	285	sort of realise, you what this therapy stuff actually does change	
Ethnic minority client's expectation/perception of therapy	286	things. It makes, it makes things different and some people get a	Therapy does help clients
	287	bit freaked by that and I think he was a little bit freaked by that,	<i>So for him maybe he thinks ME clients don't expect therapy to help and respond in a different way when it does?</i>
	288	then he actually started to feel better about himself and he wasn't	<i>Maybe ME clients have a different perception/expectation of therapy?</i>
	289	quite ready to start doing that. Er, in terms of actually engaging	
Working with ethnic minority clients is enjoyable	290	with him and working with him I actually enjoyed working with	
	291	him, I enjoy working, funnily enough, with ethnic groups cos I	
Ethnic minority clients a positive challenge	292	enjoy the challenge that, the challenge of the, sort of, er, of	Enjoys working with ME clients Finds it a challenge in a positive way.

Working with ethnic minority clients as a way of learning about different experiences Ethnicity provides more richness of information Learning about different parts of the world	293 294 295 296 297 298	learning the experiences of someone like that, er, because I mean you can go to geographical areas where you've never been to before and quite often they'll describe in great detail what their lifestyle was like, what their world was like and that's a bit like, kind of a, I dunno, a geographical world tour, it's a bit like being David Attenborough in the therapy room, you know?	Enjoys learning about different experiences <i>Richness of information – he gets a more personal insight</i> <i>Learns about different areas of the world</i>
Personally enriching Learning from the client Use of previous experiences with ethnic minority clients Being able to engage ethnic minority clients in therapy Difference in ethnicity not a barrier to the therapy process Assumption that discussing ethnicity = looking for problems	299 300 301 302 303 304 305 306 307 308 309 310	I: Yea... P: Um, and I find that very rich, it's enriching for me as much as it is for the people hopefully doing it. Um...in terms of my Iraqi guy I learned a lot more about Iraq than I knew, although I knew a fair bit, um, cos I've worked with Iraqi's before in a different setting, in a different place. Um...I feel he engaged quite well, um, for the first time, he'd had 3 goes at it, I think he engaged better with me, and I'm not saying that was down to me, I think he was just in the right place to do it maybe, um...and I took him I felt as far as he could go, um, I don't think that not being Iraqi, not being of the same culture got in the way of the process in that sense...	 Finds it personally enriching Learns about different countries <i>Learns from the client</i> <i>Takes forward previous experiences with EM clients</i> Feels he is able to engage with EM clients Not being the same ethnicity was not a barrier to the process <i>Assumption that this is what I'm looking for?</i>

<p>Belief that ethnic difference can help the therapy process</p> <p>Ethnic difference helps the client feel more comfortable</p> <p>Ethnic difference means client feels less expectation of themselves</p> <p>Ethnic difference means clients don't feel they have to be a certain way</p> <p>Ethnic difference positive as well as negative</p> <p>Polarised view – ethnic difference = positive or negative impact</p> <p>Context of therapy can have an influence</p>	<p>311</p> <p>312</p> <p>313</p> <p>314</p> <p>315</p> <p>316</p> <p>317</p> <p>318</p> <p>319</p> <p>320</p> <p>321</p> <p>322</p> <p>323</p> <p>324</p> <p>325</p> <p>326</p> <p>327</p> <p>328</p>	<p>I: Hmmm...</p> <p>P: I think in fact if anything it was the reverse because I had no expectancy of him so I was more of the blank slate if you like, because in a way his, his difference meant that I was also different to him and so he didn't feel there was any kind of pre conceived expectancy of me of him, so I wasn't an Iraqi saying man up and do this or this is my belief or this is my expectancy of you. So in a way, I would say, possibly that being different is a positive thing as much as a negative thing in terms of engagement because there is, a lot of the preconceived ideas and preconceptions are removed, I mean there's always, there's always preconceptions about therapy anyway, I mean that particularly in the prison service where, where prisoners talk to each other and as far as their concerned we read people's minds and we hypnotise them and we do all sorts of weird things and they come with that expectancy and so quite often they're like wary caged animals when they come and sit in the room and, because they don't know what to expect and, as we all know,</p>	<p>Helped that he was not the same ethnicity</p> <p><i>Not being the same ethnicity = no expectations of the client – client can feel more comfortable</i></p> <p>Not being in the same ME group means clients feel they don't have to be a certain way. <i>Assumption that this is what would happen?</i></p> <p>Difference can be positive</p> <p><i>Expectancy that he has to be +ve or –ve – polarised view?</i></p> <p>Context</p>
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<p>Ethnic minority client's lack of awareness about therapy leads to fear</p> <p>Ethnic minority client's expectations of therapy vs reality of experience</p>	<p>329</p> <p>330</p> <p>331</p> <p>332</p> <p>333</p> <p>334</p>	<p>um, the unknown is the most frightening thing you can face, fear of the unknown is the worst thing you can face. When they actually see the reality then they can deal with it far easier. If their reality is far removed from their expectancy and their cultural belief, in some ways I think it would probably make it easier for them to engage.</p>	<p>Something that is not known causes fear. <i>So with EM clients may have less understanding about therapy so more frightening?</i></p> <p><i>So clients (EM) expectancy of therapy is different to the reality – when they see this, easier for them to engage</i></p>
<p>Concern about self presentation in interview</p>	<p>335</p> <p>336</p> <p>337</p> <p>338</p>	<p>I: Hmmm, yea that makes sense...</p> <p>P: That make sense?</p> <p>I: Yea, absolutely.</p> <p>P: Yea?</p>	<p>Checking</p>
<p>Ethnic minority clients don't</p>	<p>339</p> <p>340</p> <p>341</p> <p>342</p>	<p>I: What do you think might have been his response if he'd been in, he'd walked into the therapy room that first session and there was another, you know, there was an Iraqi therapist sat there?</p> <p>P: Well that's a guess but I think his first thoughts would be, this</p>	<p><i>So he feels that having a therapist of</i></p>

necessarily want therapist of same ethnicity	343	man expects me to be a certain way and to think a certain way	<i>same ethnicity to client not necessarily helpful.</i>
Ethnic minority clients feeling a certain expectation of them with therapist of some ethnicity	344	and to be a certain way and he would behave that way.	He thinks the client would feel more expectation of him
Importance for ethnic minority clients to communicate their ethnicity	345	I: Hmmm, yep.	
Ethnic minority clients sensitive to therapist response about ethnicity	346	P: Um, in the absence of having that I think he did a bit of that	
	347	anyway because he became, how do I say this, he became very	
	348	Iraqi, he was very aware of, I am, I am Iraqi, this is where I	<i>Client feels strongly about communicating his ethnicity</i>
	349	come from, this is my culture, this is what I am and once we'd	So the client's ethnicity important to him.
	350	got that into the room and I said, fine okay, so shall we just carry	<i>Client looking for a particular response from him?</i>
	351	on now and he got that out of the way, it's a bit like the client	Something to get out of therapy?
	352	you get who has, has experience of being dumped in sessions of	<i>Not something he encouraged a dialogue about? Not important?</i>
Encouraging vs avoiding discussions about ethnicity	353	therapy and they come and they've got a script. And they read	
Therapist communicating ethnicity as not important	354	the script to you, this is my life, dum, dum, dum, dum and it's,	
	355	it's thrown at you without any emotion, without any, without	<i>Assumption about what the client was trying to do?</i>
	356	any, um, affective content, it's just this is my story and reading	
	357	from the book blah, blah, blah, trot, trot, trot and then you let	
	358	them get through all that and then you say okay so now	
	359	what...and I think it's very much that same kind of pattern, this	
Ethnic minority clients mindful of	360	is a statement of I am what I am, I'm watching your reaction to	<i>And he reacted by moving on?</i>

therapist response about ethnicity	361	see how you're gonna react to that.	<i>So maybe not just about the clients expectations of therapy but of him also?</i>
	362	I: Do you think he, what, what do you think he expected you	
	363	to...	
	364	P: Um...	
	365	I: ...react, in what way to that...	
Ethnic minority client's expectations of white therapists	366	P: I don't think he had an expectation, he might have had the	
Ethnic minority client's expectation that therapist will take role of expert	367	kind of fantasy belief that I would become the White,	
Ethnic minority clients using ethnic difference as a reason to discontinue therapy	368	authoritarian, prison staff kind of, um, regime structured person	View of White therapists by EM clients?
Belief that ethnic difference does not impact client engagement	369	who would try to make him do things, tell him to do things, give	
	370	him advice, tell him what to do, tell him what to think, um,	Clients may perceive that the therapist thinks they're the expert?
	371	which would then allow him to say but you don't understand me	<i>So clients may use ethnic difference as an excuse to discontinue therapy.</i>
	372	cos I'm an Iraqi and retreat. When he didn't get that I think	
	373	that's where it, sort of, shakes people up when you say to them	
Not taking role of expert	374	I'm not gonna tell you what to do, I'm not gonna tell you what to	He doesn't put himself forward as the authority or expert.
	375	think, I'm not gonna tell you how to live your life, it's your life.	
Difference in ethnicity = difference in view of the world	376	What we do know is that you have certain views of things and	
	377	I'm gonna invite you to have a different view of it, or to think	Differences in ethnicity = differences in

Role of self is to offer a different perspective	378	about a different views of it. And it's when you get that	perspectives/view of the world
	379	perspective change and when, as I quite often do tell my clients,	<i>Sees his role to offer a different perspective</i>
	380	I'm not the expert in this room you are. I'm not an expert in	Not the expert
	381	Tarycally or whatever you, or whatever his name might appear	
	382	to be or Mohammad Hasassan, I'm, I'm not an expert in him,	
Role of self to facilitate client self exploration	383	you're the expert in him, you've got a (inaudible) in him, you've	
	384	been him all your life. I'm just here to help you find out more	
	385	about him and get to know him better, um, and again I think that	How to see his role – to facilitate
Same approach with all clients regardless of ethnicity	386	comes down to any client. It has to be said I don't think I do a	
	387	lot different...with any client, um, I might well do and not be	Same as with all clients
View that practice does not need to change with ethnic difference	388	aware of it...I may, may be have expectancies about not moving	<i>Doesn't consciously do anything different with EM clients</i>
	389	along so quickly in certain aspects of disclosure or openness but	
	390	I learnt pretty early on that if you actually approach it with oh	Maybe moves at a slower pace with EM clients?
Using slower pace in therapy with ethnic minority clients in the TR	391	yes this is a White middle class British bloke so he'll be	
Not making assumptions based on a client's ethnicity	392	perfectly happy talking about his relationship and his childhood,	<i>Doesn't make assumptions based on ethnicity</i>
Learning from previous experiences with ethnic minority clients	393	quite often you pretty well get slapped across the face and	<i>So maybe has made assumptions in the past and has learnt from it?</i>
Approaching each client as an individual	394	advised that that was bad thinking. So I tend to, sort of, see a	
	395	person as a person.	Individual approach
	396	I: So is there any, any times where you've, you've felt you kind	

<p>Impact of other types of difference</p> <p>Awareness of inability to relate to some traumatic experiences</p> <p>Openness about lack of understanding Asking the client to aide understanding Difference not being a barrier to communication</p>	<p>397 of had to put it out there that yes, you know, we're different.</p> <p>398 I'm a White male, you are, you know, whoever you are and yes</p> <p>399 there's difference and, kind of acknowledging that?</p> <p>400 P: Not so much in terms of ethnicity, in terms of sexuality yes.</p> <p>401 Which, you know, I've worked with transvestites and I've had to</p> <p>402 say look, you know we come from a different perspective, I</p> <p>403 don't understand your world, tell me about it. Um, in terms of</p> <p>404 ethnicity...I'm trying to think...um....I worked with a guy from,</p> <p>405 who was, I think I mentioned him, um, who was</p> <p>406 Somalian...um...and he'd grown up as a little boy through the</p> <p>407 Somalian civil war and his list of experiences of trauma were</p> <p>408 horrendous...um...and I think I started off from the perspective</p> <p>409 of I cannot begin to comprehend what it was like for you as a</p> <p>410 child living through that. So as part of the process maybe I need</p> <p>411 to ask you some questions about that which might be difficult for</p> <p>412 you to answer, or painful for you to answer but it's about me</p> <p>413 trying to share your understanding so that we can get some</p> <p>414 mutual help going and I think in those terms I have. But not in</p> <p>415 terms of you're difference is so culturally different that I can't</p>	<p>Different approach depending on the type of difference <i>So for him the difference in perspectives not so great with other ethnicities?</i> <i>More reluctant to have a dialogue with the client about difference in ethnicity?</i></p> <p>Difference in experiences. Openness about the fact that he cant imagine what it was like. <i>(not pretending to understand)</i></p> <p>Will ask the client to explain, help him understand.</p> <p><i>Him entering the client's world</i> 2 people working together – shared process</p>
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Importance of entering the client's world	416	communicate with you, I don't think I've ever found that, um, I	<i>Assumption that difference has to be a barrier otherwise not important to discuss</i>
Engaging in a shared process to develop a shared understanding	417	don't know whether that is part of the, sort of, early life	Not found ethnic difference to be a barrier to understanding.
Focus on ethnic difference as a barrier to therapy process	418	experience about being constantly surrounded by Asian people	Early experiences with different ethnicities means he's comfortable and confident
	419	and Afro Caribbean people and growing up in that environment	
	420	and going to school with kids who were different, you know	
	421	going to school with kids who sat at opposite ends of the	
	422	classroom because one was untouchable and one was, you know,	
	423	er, of a different caste, er, and accepting it, you know? So I	Better understanding having lived amongst different cultures
Personal experience with different ethnicities leads to confidence	424	suppose I, I, I can't think of a, of a situation where I've actually	Presenting reasons why it doesn't cause him problems/issues
	425	openly had to acknowledge a difference in thinking ultimately	
Exposure to different ethnicities in personal life aids understanding	426	because with, with, I mean with the exception of actually	For him not a difference in thinking
	427	challenging other racism, which I'm duty bound to do as part of	<i>So would he only do this if it was causing a problem?</i>
Raising ethnicity only if a problem for client or process	428	the prison ethos , um, which is actually a difficult ethical line to	Duty bound
	429	tread because if someone has a genuinely held belief then I can	
	430	challenge it but I'm challenging it from a White middle class	Class a factor?
Recognition of personal (white, middle class) perspective	431	perspective. So I'm a bit cautious about doing that, you know, if	Acknowledges his perspective is from a certain view point
	432	I come across an Iraqi, for example, who hates Jews I can	<i>May hold back in certain areas, e.g. challenging as recognises he is viewing things from a white middle class perspective</i>
	433	violently disagree with it, and do violently disagree with it, I can	
	434	challenge it, I'm supposed to challenge it ethically under the	
	435	prison service rules, but you have to do that, it's very delicate	

<p>Ethnic minority clients don't feel misunderstood due to ethnic difference</p> <p>Minimising impact of ethnic difference</p>	<p>450 P: ...but that was just a defensive reaction, it was nothing to do</p> <p>451 with ethnicity it was just I don't wanna be there and this is a</p> <p>452 good excuse for me to stomp out,</p> <p>453 I: Yep.</p> <p>454 P: what do you know, you're just a therapist, I'm a doctor, I</p> <p>455 should know everything and cure myself (inaudible). Actually</p> <p>456 honest, hand on heart, never with an ethnically different client,</p> <p>457 um...I've had clients who've gone out, said you don't</p> <p>458 understand me because, or I'm not gonna sit here have you insult</p> <p>459 my mother, just remember every one of them, er, but I, I hadn't,</p> <p>460 the point is that's what he chose to hear and that was just a</p> <p>461 defensive reaction, it's a, it's a, it's a defensive response, it says</p> <p>462 I don't wanna be here, I'm not gonna be here, that's my out,</p> <p>463 that's my door out and I'm outta here, you know the trap door</p> <p>464 kind of thing.</p> <p>465 I: Hmmm. Yep.</p>	<p>Never been told by an EM client he wouldn't understand</p> <p><i>But previously he has had clients tell him he doesn't get it?</i></p> <p><i>Concern about how he presents?</i></p> <p><i>Assuming that if a client said he didn't understand due to ethnicity it is not about that?</i></p> <p><i>So if someone did would he also think it's a defensive response?</i></p>
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	466	P: Um, but it's never happened with an ethnic client, never had	Never had a client say he couldn't understand due to ethnic difference.
	467	somebody say you don't understand me cos I is Black or	
	468	whatever the other kind of clichés you get or how could you	
	469	possibly understand because I'm a, I'm an Asian man or I'm,	
	470	you know, I'm Latin, no.	
	471	I: So, okay so related to that, how do you think differences in	
	472	ethnicity, for you, um, might have impacted on the therapeutic	
	473	relationship?	
Approach to TR same as with all clients	474	P: Oh, um, (7 second silence) I think in terms of the general	
Connecting on a human level	475	relationship I approach the therapy process the same way. I'm a	TR – same approach as with all clients. On a human level (connection)
Searching for the similarity	476	human being, you're a human being, we're here to find out	
	477	where you wanna go and where you wanna be and I'm here to	
	478	try and follow you best I can and to help you get there. I think I	Focus on what the client wants to get from therapy – <i>client led approach</i>
Client led approach	479	am aware and maybe do try a little bit extra hard or be more	
Heightened awareness of issues of engagement and TR	480	conscious that I need to think about, um, maybe some attitudes	
	481	in terms of engagement and the relationship. Um, in terms of	More aware with EM clients particularly issues of TR and engagement <i>So with EM clients will think more about issues that may come up as a result of ethnicity.</i>
	482	kind of, er, (7 second silence) the alliance I think if anything	
Importance of gender in some	483	actually in terms of the, the, er, Middle Eastern or the African	

With some ethnicities gender more

<p>ethnic groups Gender match more important to some ethnic minority groups Gender match leads to a more equal relationship</p> <p>Difference in gender and ethnicity – barrier to therapy</p> <p>Reflective practioner</p>	<p>484 male then they're far ready, more ready to engage with a male 485 cos they see it as an equal, kind of...</p> <p>486 I: Yea.</p> <p>487 P: ...relationship. Um, so the kind of cultural attitudes towards 488 women don't get in the way, er, although having said that, I 489 mean not talked to my female colleagues, they seem to work 490 with ethnic men, in the prison setting reasonably well, er, I'm 491 not so sure that would work with females in the same way. A 492 male to a female, I think that perhaps ethnic females, particularly 493 Asian women might be a little more reticent to open up to a 494 White British male, or a male of any sort, um, but I can't say 495 I've had experience of working with Asian females which is 496 interesting in itself. I've not had any present themselves to me, 497 thinking I worked for Relate for 5 years and I don't think I had, 498 in that time, a single Asian couple although it was in White, 500 middle class, boring Darlington up in the North East of England 501 where there wasn't a great ethnic population anyway. I can't say 501 for the Midlands or Bradford or any of those areas but I didn't</p>	<p>important <i>Focusing on gender and minimising the difference in ethnicity?</i> <i>So in his experience being the same gender means clients feel more equal – but power imbalances as a result of differences in ethnicity?</i></p> <p><i>Quite generalising</i></p> <p>Feels if he was working with an EM female may be a barrier in therapy</p> <p>Not had experiences of counselling EM females. <i>Focus on it being the client's issues – like there's nothing he can do about it rather than considering how he may be able to address this in therapy?</i></p>
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<p>Differences in cultural attitudes not influential as language</p> <p>Focus on ethnicity in therapy only important to client</p> <p>Self less likely to raise ethnicity as an issue</p> <p>Same approach regardless of ethnicity</p>	<p>518 patronising them and I try not to be, um, but the same kind of</p> <p>519 approach is this person understanding me. Is this person's grasp</p> <p>520 of English as good as they're pretending it is because sometimes</p> <p>521 they'll say yes when they actually aren't clear so I'll go back and</p> <p>522 double check the understanding sometimes. So there's a, kind</p> <p>523 of, language issue, there's, um, the cultural attitudes issue to a</p> <p>524 lesser extent but I don't really think that comes in to it as much</p> <p>525 as a, kind of, generally checking understanding. Communication</p> <p>526 in think is the important bit, if their, if the communication line is</p> <p>527 clear then I tend to just go with the flow. Um, if I feel that the</p> <p>528 client is giving me a description of a part of their ethnic belief or</p> <p>529 culture or upbringing which I feel is important to them then I'll</p> <p>530 let them do it. I'll let them go with that because I take the view,</p> <p>531 well if it's important to them even if I can't readily see what that</p> <p>532 importance is then ultimately it's important to them so I think, in</p> <p>533 any other sort of setting, say whatever's important to them is</p> <p>534 what they're talking about so I'll let them carry on talking about</p> <p>535 it, um, and see where it takes us, um but I can't say that I'm any</p> <p>536 more, kind of, open to that with an ethnically different person to</p> <p>537 a, to a White British person.</p>	<p><i>Does he consider why they might do this?</i></p> <p>So maybe doesn't put as much emphasis on the potential impact of difference in cultural attitudes?</p> <p><i>Minimising impact of cultural attitudes?</i></p> <p>If ME clients talk about their ethnicity as important then 'allows' them this expression</p> <p>May not see the relevance himself but recognises may be important to them</p> <p><i>What does he do with this? Seeing ethnicity in isolation rather than part of therapy with the client?</i></p> <p>No difference in approach to practice</p>
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Challenging cultural attitudes when relevant to client's problems	<p>538 I: How about cases where, um, you, you mentioned, er, the, you</p> <p>539 know for, I'm thinking about differences in attitudes and, you</p> <p>540 know, certain cultures have very strong attitudes towards certain</p> <p>541 things so you mentioned before about, you know potentially an</p> <p>542 Iraqi client who hates Jews and you have your own attitudes</p> <p>543 about that, um, how would you manage that, if a client's</p> <p>544 bringing or talking about some sort of attitudes which, you know</p> <p>545 can be cultural...go very much against...</p> <p>546 P: Er, that's, that's complicated by the setting really because</p> <p>547 obviously in a, in, in, a couples setting you'd have to challenge</p> <p>548 that because you're working with a relationship and if that</p> <p>549 attitudes getting in the way of the relationship then you'd</p> <p>550 openly, overtly address it, and I would address it fairly clearly,</p> <p>551 um, by saying you're saying this, she's saying that, you're</p> <p>552 attitude is that she should do everything and she should keep</p> <p>553 quiet and do what she's told, you're attitude is that it's perfectly</p> <p>554 ok for you to hit her because that's what you're culture says you</p> <p>555 should do. Having said that it's just landed you in jail or got you</p>	<p>Context of setting</p> <p><i>Will challenge cultural attitudes if relevant to the client's problems</i></p>
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Confidence in challenging culturally held beliefs	<p>556 into trouble, do you think may be you should rethink that?</p> <p>557 I: Have you had to do that?</p> <p>558 P: Yea, yea, um, and so I think then you have to overtly</p> <p>559 challenge it. If somebody says, you know, I haven't had to do</p> <p>560 it...culturally Arab to Jew but I have had to do it Black to White</p> <p>561 or White to Black, you know, all these Black people whatever,</p> <p>562 all these gay people whatever and I overtly challenge that by</p> <p>563 saying, you know, my view is this okay, now I have to challenge</p> <p>564 that with you cos I disagree with you.</p> <p>565 I: And how do you feel when you do that? Cos that's not easy is</p> <p>566 it?</p>	Is confident about challenging culturally held beliefs
Appropriateness of challenging cultural beliefs determined by context	<p>567 P: Um, it's not easy, no it's not easy and I think you have to do it</p> <p>568 very carefully because what you're trying to do there is to</p> <p>569 balance, er, and most of this is put on me, I think partly because</p> <p>570 there is a kind of, in terms of the prison setting, there's a moral</p> <p>571 duty in terms of the pro social model, in other words there is a</p> <p>572 kind of model of society which, which we want but I mean this</p>	<p>Acknowledgement that challenging needs to be done with care</p> <p>Context</p> <p><i>Feels a responsibility to challenge some culturally held beliefs</i></p>

573	could be cutting across somebody's long held beliefs, I mean I	
574	worked with a guy just recently, started working, um, who's in	
575	his seventies and he grew up in the East end of London, right,	
576	and he's got quite fixed attitudes towards Black people and gay	
577	people and he openly acknowledged them and talked about them	
578	in sessions and I openly acknowledged and actually	
579	acknowledged his beliefs and then said these are my beliefs and	
580	they're violently opposed to yours and this is why, okay. And so	
581	maybe it's about us rethinking this because, you know, it's not	
582	about right or wrong here it's about what's acceptable. Do you	
583	realise that when you're saying those things out loud to people	
584	that's actually quite hurtful to them, okay? So how would you	
585	feel if you were that person and somebody said that to you, what	
586	would you feel? So I get, it's, it's a self reflection thing really,	
587	so I invite them to self reflect on how their attitudes would	
588	impact on them if they were in the position of the person they're	
589	violently opposed to.	
590	I: But does that feel different, because I'm wondering there, in	
591	that situation you're still both White men, um, and, and, you're,	

<p>Difference is an illusion Cultural attitudes as separate from ethnicity</p> <p>Offering a different perspective vs changing the client's belief</p>	<p>592 you're um, voicing an opposing opinion about an attitude that he 593 has. Lets say it's a situation where the client is also ethnically 594 different, there's almost, kind of, two differences there, the 595 difference in attitude coupled with a difference in ethnicity so 596 I'm just wondering if there's, if it feels different for you that 597 being the case?</p> <p>598 P: No is the answer because I don't think, I think that difference, 599 that actual difference is an illusion because we're addressing the 600 attitude not the cultural approach regardless of what colour the 601 person is, regardless of where they come from. I have a certain 602 set of views and I'm putting them forward, they're perfectly 603 entitled to disagree with me but I'm duty bound to challenge it, 604 I'm not duty bound to change their mind and make them think 605 my way cos that's not what I do, but I'm duty bound to put that 606 out there and ask them to think about it regardless of what colour 607 they are,</p> <p>608 I: Yep.</p>	<p>Difference an 'illusion' In terms of attitudes not about difference <i>Separates attitudes from ethnicity</i></p> <p>More about the issue than how he experiences doing it</p> <p>Confident to put forward his view – not about getting them to agree with him. <i>Not about getting clients to see things from his perspective</i></p> <p><i>Maybe does highlight difference in world views – he is approaching an issue from his (White, western) world</i></p>
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<p>Ethnic difference leading to problems of different views</p> <p>Polarised view – difference in cultural attitudes leads to problems of not</p>	<p>609 P: and regardless of what approach they take so I would say no</p> <p>610 actually to that. It, it feels slightly uncomfortable anyway</p> <p>611 because you'd like to think that as a therapist you're open and</p> <p>612 you're just flowing and you're not directive and whatever but</p> <p>613 there are certain boundaries, you know, otherwise you'd be</p> <p>614 sitting in front of somebody telling him how wonderful it is to be</p> <p>615 a paedophile and everybody should be a paedophile and why</p> <p>616 aren't I one? Um, should I sit there and just take that? Should I</p> <p>617 sit there and, sort of, quietly agree and nod and smile and go</p> <p>618 umm? Or should I challenge it? Ultimately there are boundaries</p> <p>619 and the boundaries aren't fixed by colour, the boundaries aren't</p> <p>620 fixed by ethnic beliefs or cultural differences, the boundaries I</p> <p>621 think are fixed from, by nature, my perception of where I come</p> <p>622 from, okay, now they're boundaried partly by psychological</p> <p>623 need and therapeutic need, that's the main boundaries but within</p> <p>624 that, inevitably, there will be some cultural belief boundaries,</p> <p>625 you know, um, but it's about how you manage those and how</p> <p>626 strongly you express them, I mean, you know, to use a very</p> <p>627 flippant, kind of, example, I'm a Wolverhampton Wanderers</p> <p>628 fan, now our hated enemies are West Bromwich Albion fans. If</p>	<p><i>view, the client theirs</i></p> <p>View of him as a therapist</p> <p><i>Is there an assumption that ethnic difference leads to a problem in difference of views?</i></p> <p><i>Polarised view – difference leads to problems or not</i></p> <p>So there are some boundaries/rules that transcend ethnicity?</p>
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	644	I: ...walks through your door, just wondering what, what you	
	645	think has contributed to, yea, to how confident you feel working	
	646	with ethnic difference?	
Difference between confidence and competence	647	P: Okay. Um, I think my competence is based on my sense of	
Not viewing self as competent	648	incompetence. I don't feel competent at all. I feel, that's, that's	Difference between competence and confidence
Not assuming knowledge of client	649	not actually true, that sounds a bit glib. I don't assume that I	Does not see himself as competent
Learning from mistakes	650	know anything when I sit in front of a client, and that's really	
Confidence comes with experience	651	hard to do and I think it comes with practice and experience	Doesn't assume he knows about the client
	652	because the more times I've sat in front of somebody and I've	Experience important
Assuming competence can have a negative impact on practice	653	assumed and got it wrong the more I've learned not to do it. So	
	654	my, that's what I mean by my sense of competence comes from	Has previously assumed and got it wrong – <i>learns from this</i>
	655	my sense of incompetence, okay? I don't pretend to be an expert	<i>So if he thought of himself as competent then risk of assuming?</i>
	656	on any ethnic group including my own, I'd say, you know, I'm	
	657	still struggling to make sense of White British never mind	Doesn't pretend to be an expert
Not assuming knowledge of different ethnic minority groups	658	anything else, um, so I approach it in the same way I approach	
	659	everything else from an expectation of total lack of knowledge	
Approaching each client as a blank slate	660	and I'm guided by whatever is presented to me. It's a bit like,	Approaches clients like a blank slate – not knowing and learning
	661	you know every day you receive a parcel and you don't have a	
	662	clue what's in it so you could shake it and guess what's inside it	

Not assuming to know client based on ethnicity	663 and go on the basis of well that's, that's a bottle of wine so I'll	
	664 put that on this shelf or that's a box of chocolates so I'll keep	
	665 that for later or I'll do that with it and then you open it and find	
	666 that it's either a bag of nuts or a bottle of oil or something. So I	
	667 take the same view with clients, I'll wait until I open the box and	Doesn't assume based on the clients ethnicity
Begins therapy with an assumption of lack of knowledge	668 then whatever is in the box is what I work with and what I go	
	669 with and I don't know that until I've opened it. So I start from	
	670 the basis of incompetence or at least lack of knowledge. When	
Applying knowledge from previous experiences with ethnic minority clients	671 the box is opened and I start to get some idea of what's in it then	Basis of incompetence – not knowing
	672 I can start to begin to make a hypothesis based on what I know	Waits to see what the client brings
	673 from experience and quite often that will include working with	<i>Then can apply knowledge from previous experience</i>
Not assuming based on past experience	674 other people of that ethnic group to some limit so mostly	
	675 actually applies to me having worked with people. So I tend to	Will use knowledge of previous work with minority ethnic clients
Questioning practice	676 go on the basis of past experience but even then you're still	
	677 constantly questioning because each person is unique, each	
Client as an individual	678 person is different. So one person's attitude or one person's	But does not assume based on past experience
	679 response to a trauma will be completely different to somebody	Individual approach
	680 else's, one person's understanding of their, their attachment	
	681 experience will be very different to another. So I work on the	
	682 basis of, you know, not only do I look at the bottle and think oh	

<p>Fear of getting it wrong</p> <p>Uncertainty leads to effective practice</p> <p>Uncertainty promotes reflection</p> <p>Allowing the client to direct therapy</p>	<p>683 that's a bottle of wine, I'll wait until I've opened it and taken the</p> <p>684 cork out and sniffed it and tasted it to make sure it is wine and</p> <p>685 it's not just something else masquerading as wine, then once I've</p> <p>686 got to that point at least we then know what I've got and what</p> <p>687 I'm doing with it. And so I think in terms of my feelings of</p> <p>688 competence I think the day that I wake up and think, oh right</p> <p>689 well I've got four people today and I know how to deal with</p> <p>690 them all is the day I'll probably quit because I think the element</p> <p>691 of fear (laughs), the element of me sitting with the uncertainty is</p> <p>692 what we call it in the business, that uncertainty is what keeps</p> <p>693 you sharp and makes you do a good job. The more uncertain</p> <p>694 you are, the more insecure you are in terms of where things are</p> <p>695 going, the more you can sit with that means that you're not being</p> <p>696 directive, you're not making assumptions, you're not pushing</p> <p>697 somebody in the direction they don't want to go, you're not</p> <p>698 overlaying your labels and your beliefs and your thoughts on to</p> <p>699 them, you're actually stopping and listening and allowing them</p> <p>700 to run it, allowing them to steer. And I, so I think that</p> <p>701 competence is a bit of a negative thing to have as a feeling if</p> <p>702 you're a therapist regardless of what ethnicity you're working</p>	<p><i>So he determines how a client's ethnicity contributes or shapes them as a person?</i></p> <p><i>Fear of getting it wrong?</i> For him being uncertain is what makes him effective as a therapist</p> <p><i>Being uncertain = won't assume, will question and be curious</i> <i>So the uncertainty helps him to work effectively with minority ethnic clients</i></p> <p>Not imposing his views and direction on the client</p> <p>Feeling competent not necessarily a</p>
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The risk of feeling competent	703	with but, you know, particularly, if, if I've read a book on, I've	good thing
Not assuming to know based on reading about ethnic minority groups	704	read a book on Afro Caribbean men I know all there is to know	
	705	about Afro Caribbean men, oh that's dangerous.	Not about reading books, leads to assumptions
	706	I: Have you ever had, have you ever had an experience where	
	707	you've, um, you've come across a client and you've thought to	
Feeling able to work with ethnic difference	708	yourself actually you know what, I don't really understand their	
	709	culture or their ethnicity, um, yea, have you ever...?	
	710	P: Um, no. Er, I can't say I have. Because again I come back to	
Stance of not knowing vs knowing	711	the point that I assume little knowledge anyway, um, I don't see	Not felt that he couldn't understand a client's culture
	712	things in terms of this culture defines this person as this type, I	Assumes he doesn't know rather than does
Not defining a person by their ethnicity	713	think that's too structured and too compartmentalising, um, I	Culture does not define the person
Not generalising	714	come from the, the sort of end of the scale, end of the scale that	<i>Will not generalise based on a client's culture</i>
	715	says people are people, human beings are human beings, they're	
People as human beings vs ethnic groups	716	all different, they're all individual so you work with their	People as human/individual
	717	individuality regardless of colour, race, creed, whatever. Um,	
Messages sent to clients about importance of ethnicity	718	there is an element of that which influences who and what they	<i>Does he send a message that ethnicity is not important?</i>
	719	are and if there are bits of that I don't understand I'll ask them	Work with the person rather than ethnicity
Recognition of ethnicity as part of a person	720	about it, um, there are things within cultures I do not understand,	Will ask if he doesn't understand

Willingness to ask client of lacking knowledge/understanding	721	erm, I cannot understand, for example, the, the logic behind	
	722	circumcision, as a, as an example, um, even though I've got a	
Polarised view – agreeing vs disagreeing with cultural beliefs	723	grandson circumcised cos my son-in-law's Jewish, and, and but I	<i>For him is understanding agreeing or disagreeing?</i>
	724	can not understand that. I cannot, I can't understand how a form	
	725	of mutilation, erm, is of use, of value but it's of value to him and	
	726	his belief so I have to accept that, um, I'm not gonna start set	Even if he doesn't agree/understand is able to accept something as part of someone's culture
Ethnic difference leads to difference in beliefs	727	about changing him because it's his cultural belief. If he ever	
	728	asks me I'll give him my arguments and let him make his own	
Not attempting to change cultural beliefs	729	mind up, um, if he doesn't I'll keep my mouth shut. And it's a	
	730	bit the same with working with clients. If there's something I	<i>Will not try to change a client's cultural beliefs</i>
Different worlds	731	don't understand about their culture I'll ask them to explain it to	
	732	me or I'll say, you know, my world is very different to your	
Acknowledging difference in perspective	733	world, you know, so what was it like growing up in your village,	Difference in world view
	734	what was it like, you know, sort of, looking after the sheep or	<i>Will acknowledge to clients that they may have different perspectives</i>
	735	whatever it was, what was it like living off maize, what was it	
Asking clients about their world	736	like living through a civil war, um, and allowing them to tell	Will ask the client to gain an understanding of their world
	737	their narrative is part of the therapy I suppose and if my learning	Allows client to tell their story – can learn from it
Learning from the client's story	738	is, kind of, secondary to it, um, but it goes along with it. Does	
	739	that make sense?	

<p>Increasing exposure to ethnic minority groups to learn Contact with ethnic minority groups in personal life to increase confidence</p> <p>Learning outside the therapy room</p>	<p>740 I: Hmm, absolutely. I guess just following on from that, and 741 finally, do you think there's, um, do you have, kind of, an 742 opinion or any views about what therapists might be able to do 743 and what, what might help therapists to increase their 744 confidence, not necessarily, moving away from competence but 745 confidence as well, kind of, working with clients of different 746 ethnicities cos I guess some people feel more confident than 747 others...</p> <p>748 P: Yea</p> <p>749 I: ...but</p> <p>750 P: Talk to them, meet them, um and find out about them. You 751 know, talk to, talk to Asian people, talk to Indian people, talk to 752 Iraqi's and to Sudanese and to Afro Caribbean's if they'll allow 753 you to but make the effort, you know, make the effort to, to 754 engage and to learn, um cos I, I take the view that learning about 755 a new form of therapy, okay, is important if you're a therapist or 756 if you need to expand your knowledge but you're dealing with</p>	<p>Learn from minority ethnic people to increase confidence <i>Increase contact with minority groups</i> <i>Making an effort</i></p> <p><i>Not just relying on contact in therapy to learn</i></p>
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Importance of learning about different groups of people	757	people so learning about people is equally important. I mean I'll	Important to learn about different groups of people
	758	go away and read up about Asperger's, I'll go and, go and read	
	759	up about, you know, people with personality disorders so what's	
	760	so wrong about going and reading up about people who happen	Reading to learn also has a role
Reading to increase knowledge	761	to be Iraqi or Iranian or the Chinese attitude towards, I don't	
	762	know, mental health or whatever, it's the same kind of process.	
	763	So I tend to be, kind of, fairly eclectic in what I read anyway like	
Personal exposure to different ethnic minority groups increases knowledge and confidence	764	those things, um, I've had the advantage as I say of having	
	765	shared a lot of early life with, in a culture which was very multi	
	766	cultural anyway so I've picked stuff up, you know?	Being personally exposed to different cultures helps with knowledge and confidence
	767	I: Yep.	
Addressing anxiety about ethnic groups by exposure	768	P: Um and absorbed stuff up by osmosis maybe without	
	769	realising it, um so what I would say to people is just expose	
	770	yourself to the cultures that you've got some anxieties about,	
Engaging in conscious process of reflection about gaps in knowledge	771	you know, go and spend the weekend in Leicester and, and, and,	If anxious about particular cultures important to expose yourself to them
	772	and mix with the people and walk down the golden mile which	<i>Something about consciously making the effort</i>
	773	is fabulous by the way if you've never been there, it's a fantastic	<i>Personal passion for experiencing different cultures</i>
Personal passion for experiencing different cultures	774	place, um, love it and just, just mix, mix and expose yourself to	

Less personal experience of different ethnic minority groups increases awareness of difference	790 I couldn't believe that either. Fact, okay, fact, up till 1996 you 791 wouldn't go, you wouldn't go into a working men's club, they 792 wouldn't let you in, okay. You couldn't join the darts league, no 793 way, um, and, I mean that kind of extreme and I noticed, I 794 remarked how odd it was that there weren't any Asian people or 795 Black people in this place and yet there were people where I 796 worked, and these were journalists by the way, these were, kind 797 of, supposedly intelligent people, commenting if they saw 798 somebody who was Asian in the street. There'd be one Asian 799 people in a town of 40,000 and they'd go ooh look at that Asian 800 person and I would go where? You know, so it, it is about 801 exposure, I think your own cultural experience has got to have 802 an impact, um, but in the absence of having a cultural experience	When people unused to different ethnicities will notice it more
Importance of seeking out different cultural experiences to enhance practice	803 then go and find it because if you're going to be working a lot of 804 Asian people then one good way of engaging, or learning to 805 engage, is to just go and experience what it's like being in an	<i>Important to present himself as more accepting, not such an issue for him?</i>
Engaging with ethnic minority groups in personal life increases confidence in practice	806 area where there are lots of Asian people. Go into the shops, 807 talk to, talk to people, engage with them and, and get more 808 comfortable I suppose with the idea that, I suppose lessen the	Personal cultural experiences impacts on his approach Even if no experience of different cultures need to seek it out
Lessening the concept of difference	809 concept of difference, cos I think if you lessen the concept of	Exposing self to different cultures = more confident and comfortable <i>Is the concept of difference more scary for some?</i>

vs working with difference	810	difference that goes a long way to engaging with people anyway.	<i>Lessening difference rather than working with it?</i>
Focusing on difference increases anxiety and uncomfortableness	811	If you sit down with somebody and thinking I, you're a Martian,	Easier to engage with a minority ethnic client if you lessen the concept of difference
Client's awareness and response to therapist's anxiety	812	how can I possibly work with you then you might as well quit	If he is uncomfortable the client will pick up on it and disengage
	813	because the moment you're sitting there thinking that they're	
	814	sitting opposite thinking he thinks I'm a Martian, he doesn't	
	815	know what to do with me and they'll, he'll disengage. Yea?	
	816	I: Yea. Okay well I guess is there anything that I've not covered	
	817	or we've not spoken about that comes to mind for you?	
	818	P: Um, (6 second silence) not that I can think of except that you	
	819	did ask about outcomes...	
	820	I: Yes...	
	821	P: ...and I didn't really give you a very clear answer on that.	
	822	Outcomes is always a difficult question because you tend not to	
	823	get long term feedback from the people you work with in our	
	824	business but I've had some really great results with people	
Need to present self as competent	825	who've worked with me from ethnic backgrounds. And I've had	Feels he has had positive outcomes with minority ethnic clients

and confident	826	some results that, like the guy who disengaged early on, that	<i>Presenting self as competent?</i>
	827	maybe weren't so great but then that's the same feeling I get	
	828	when people who are White disengage with me, you always ask	
Reflective practice	829	yourself what did I do wrong? What could I have done better?	
Questioning ethnic minority clients	830	And I go through that process anyway and it has to be said I	Reflective
don't engage	831	think I, I mean, it's difficult to measure it because, in terms of	<i>Does he ask if ethnic difference may</i>
	832	volume of work, I mean the ratio that we see Black people to	<i>have been a factor?</i>
	833	White people in the prison service is very disparate, it's about a	
	834	hundred to one because that reflects the ethnic mix of the prison	
	835	so it's difficult to, sort of, draw in a success yard stick really, in	
	836	those terms, so it's, it's difficult to quantify...	
	837	I: Yep...	
	838	P: and I wouldn't like to, you know, I mean as, as a therapists	
Self belief of effective practice	839	go, touch wood (laughs), I've got a fairly good hit rate, success	
with ethnic minority clients	840	rate from the evidence I've got but I couldn't really extrapolate	Feels he is effective in his work with
	841	that to a, to an ethnic group and I wouldn't feel comfortable	ME clients
	842	doing that.	

Asking the client for feedback	<p>843 I: And in fairness I guess, um, I wasn't, you know, kind of, this,</p> <p>844 staying with your experience of this it was more about, kind of,</p> <p>845 your feelings about, yea, your achievement with clients, all</p> <p>846 clients as well as those from a different ethnicity and I guess just</p> <p>847 picking up on that you said about, you know, when you finish</p> <p>848 with any client you'll reflect, um, if it's a good outcome or a less</p> <p>849 good outcome, perhaps you'll reflect and think oh what could I</p> <p>850 have done differently or what happened there.</p> <p>851 P: And of course we ask them for feedback.</p> <p>852 I: Yes.</p>	Asks the client for feedback
Positive feedback as an indicator of effective practice	<p>853 P: So the feedback I've had has been fairly positive.</p> <p>854 I: I, I was thinking part of the, your reflections, um, would that</p> <p>855 include, kind of, thinking about ok, well do you think ethnicity,</p> <p>856 kind of, had an impact on the therapeutic process and what...</p>	Has had positive feedback
Reflecting on the impact of	<p>857 P: Yea, yea, I would reflect on, I would reflect on that, is, kind</p>	

ethnicity on the therapy process	858	of, the cultural attitude towards therapy, or the cultural attitude	<p>Will think if cultural attitudes to therapy have impacted <i>But not so much about whether ethnic difference between himself and the client is a factor?</i> <i>Did not mention this before, agreed when I brought it up so maybe looking to provide the answer he thinks I'm looking for?</i></p>
Lack of focus on the impact of ethnic difference	859	towards belong vulnerable or being open, disclosing feelings,	
	860	has that had an impact and how might I, sort of, encourage that	
	861	next time, it's a constant reflection process yea. Hmm.	
	862	I: Wonderful. Anything else?	
Awareness of self presentation in interview	863	P: No I think that's it thank you except I thoroughly enjoyed the	
	864	conversation...	
	865	I: So did I...	
	866	P: ...it made me think really hard, ok (laughs)...	
	867	I: ...thank you.	

APPENDIX H: Initial emergent themes

Emergent themes – Robert

1. Timeframe of experience (4)
2. Definition of an ethnic group (10-13)
3. Difference in approach to life (11-12)
4. Numerous experiences with different ethnicities (14-17)
5. Approaching all clients in the same way regardless of ethnicity (22-23)
6. Personal experience of different ethnic groups (29-34)
7. Difference in interactions with ethnic minority individuals (36-38)
8. Awareness of differences (36-38)
9. Differences between different ethnic groups (36-38)
10. Personal experience of division between White and ethnic minority groups (39)
11. Disagreement with racist views (41-42)
12. Racism in society a result of fear of difference (44-46)
13. Previous positive personal experiences of ethnic minority groups (46-50)
14. Impact of previous exposure to ethnic minority groups (46-52)
15. Importance of not assuming understanding of the client's world (50-51)
16. More aware of differences than most (51-52)
17. Importance of presenting self as comfortable (51-52)
18. Same approach to practice regardless of ethnicity (53-54)
19. Minimising difference (53)
20. Impact of client acculturation on perception of difference (56-58)
21. Eliciting the client's story (58-59)
22. Entering the client's world (58-59)

23. Client led therapy (59-60)
24. Asking the client to inform understanding (61)
25. Responsibility of client to educate therapist (61)
26. Learning from the client (61-63)
27. Recognising ethnicity as a feature of the client's problems (66-68)
28. Comfortable to raise ethnicity as an issue for the client (70-71)
29. Understanding cultural issues as a means to facilitate engagement (71-73)
30. Confidence to communicate a lack of understanding (74)
31. Reflective self (74-75)
32. Recognition of personal assumptions (74-75)
33. Minimising potential impact of difference (75-78)
34. Unconscious vs. conscious adjustment to practice (78-80)
35. Awareness of client response to talking about ethnicity (79-80)
36. Good therapeutic relationship as a basis for client's ability to provide feedback (80-83)
37. Importance of client feedback (81-83)
38. Open style of practice (84-85)
39. Importance of the therapeutic relationship (87-88)
40. Assumption that discussions about ethnic difference focused on problems (88-90)
41. Ethnic difference not a barrier to the therapeutic relationship (88-90)
42. Connecting with clients on a human level (90-91)
43. Ethnicity as a peripheral issue (94-95)
44. Discussions about ethnicity as a means of gaining richness of information (94)
45. Importance of not assuming understanding (95-97)
46. Gender differences within ethnic minority groups (99-100)

47. Difficulty in engagement amongst ethnic minority males (102-103)
48. Adjustment to practice (103-105)
49. Similarity of client problems in White and ethnic minority groups (106-109)
50. Specific issues arising in specific ethnic minority groups (110-111)
51. Self as reflective practitioner (112-115)
52. Focus on the client (120-141)
53. Reluctance to talk about personal feelings (120-141)
54. Absence of consideration of self as part of the therapy process (120-141)
55. Focus on clients in therapy rather than impact of self as part of the process (120-141)
56. Gender differences in therapy with ethnic minority clients (146-148)
57. Absence of direct discussions with clients about their ethnicity (160-169)
58. Reflecting on impact of ethnic difference vs. discussion with client (160-172)
59. Importance of empowering the client (165-169)
60. Application of psychological theory regardless of ethnicity (176-179)
61. Minimisation of potential impact of ethnicity (1809-182)
62. View of the individual as opposed to the ethnic group (181-182)
63. Barriers to ethnic minority men engaging in therapy (193-196)
64. Gender differences within ethnic minority groups (199-201)
65. Cultural attitudes towards therapy (198-201)
66. Ethnic minority men more resistant to therapy (205-207)
67. Consideration of ethnicity in therapy generally vs. how it specifically impacts the client (201-213)
68. Focus on client's ethnicity rather than difference between self and client (201-213)
69. Ethnic minority men's reluctance to show weakness (215-219)

70. Ethnic minority men's willingness to engage (220-222)
71. Influence of context of therapy (224-227)
72. Transparency about the therapy process to aid engagement (228-232)
73. Importance of trust (231-232)
74. Open approach as a means of building trust (228-232)
75. Focus on client issues rather than the interaction (239-245)
76. Issue of keeping clients in therapy (239-242)
77. Positive outcomes if clients stay in therapy (247-250)
78. Traumatic experiences of clients from other countries (259-262)
79. Influence of religion (262-263)
80. Importance of religion to some ethnic minority clients (262-264)
81. Being able to tolerate client's reluctance in therapy (266-268)
82. Importance of communicating role of self in therapy (270-271)
83. Willingness to enter world of the client (271)
84. Ethnic minority clients more cautious about therapy (276-277)
85. Therapy process challenging client's perception of their ethnicity (277-280)
86. Self as a facilitator of client exploration (279-280)
87. Ethnic minority client's view that therapy is not helpful (284-286)
88. Ethnic minority client's expectations/perceptions of therapy (284-286)
89. Working with ethnic minority clients enjoyable (290-291)
90. Ethnic minority clients is a positive challenge (291-293)
91. Learning about different experiences (292-293)
92. Ethnicity providing more richness of information (295-296)
93. Learning about different parts of the world (295-298)
94. Personal enrichment in the process (300)

95. Learning from the client (302)
96. Use of previous experiences with ethnic minority clients (302-304)
97. Ability to engage ethnic minority clients in therapy (304-306)
98. Difference not a barrier to therapy process (308-310)
99. Assumption that discussions about ethnicity is looking for problems (308-310)
100. Belief that ethnic difference can help the therapy process (308-312)
101. Ethnic difference helps the client feel more comfortable (314-316)
102. Client feels less expectations of them (314-318)
103. Clients feels they do not have to be a certain way (314-318)
104. Clients not necessarily wanting therapist of same ethnicity (314-319)
105. Ethnic difference as positive as well as negative (318-319)
106. Polarised view – positive vs. negative impact (318-319)
107. Influence of context of therapy (322-325)
108. Lack of awareness about therapy leads to fear (329-330)
109. Ethnic minority expectations of therapy vs. reality of experience (330-334)
110. Concern about self presentation in interview (336-338)
111. Ethnic match means clients feel more expectation of themselves (339-344)
112. Importance for clients to be able to communicate about their ethnicity (347-349)
113. Clients sensitive to therapist response about ethnicity (347-350)
114. Encouraging vs. avoiding discussions about ethnicity (348-351)
115. Therapist communicating ethnicity as not important (348-351)
116. Clients mindful of therapist response to their ethnicity (359-361)
117. Ethnic minority client's expectations of White therapists (366-370)

118. Client's expectation of therapist as role of expert (369-370)
119. Client's using ethnic difference as an 'excuse' to discontinue therapy (371-372)
120. Belief that ethnic difference does not impact client engagement (371-372)
121. Not taking role of expert (373-375, 380)
122. Differences in world view (376-378)
123. Role of self to offer a different perspective (376-378)
124. Role of self to facilitate client self exploration (384-385)
125. Same approach with all clients regardless of ethnicity (385-387)
126. Ethnic difference does not necessitate change in practice (385-387)
127. Using a slower pace in the building of the therapeutic relationship (388-389)
128. Not making assumptions based on ethnicity (390-394)
129. Learning from previous experience with ethnic minority clients (390-394)
130. Approaching each client as an individual (394-395)
131. Impact of other types of difference (400-403)
132. Awareness of inability to relate to some experiences (406-410)
133. Openness about lack of understanding (408-410)
134. Asking the client to aid understanding (410-413)
135. Importance of entering the client's world (412-414)
136. Engaging in a shared process to develop a shared understanding (412-414)
137. Difference not a barrier to communication (414-416)
138. Focus on ethnic difference as a potential barrier to the therapy process (414-416)
139. Personal experience with different ethnic groups leads to confidence (415-420)

140. Exposure to different ethnic groups in personal life aids understanding (417-423)
141. Raising ethnicity only if a problem for the client or process (424-427)
142. Recognition of personal (White, middle class) perspective (429-431)
143. Challenging culturally held beliefs risks damaging the therapy process (432-438)
144. Raising ethnic difference feels like a challenge (440-442)
145. Acknowledging ethnic difference leads to negative impact (440-444)
146. Client's do not feel misunderstood due to ethnic difference (445-456)
147. Minimising impact of ethnic difference (450-452)
148. Approach to the therapeutic relationship the same with all clients (474-475)
149. Connecting on a human level (475-476)
150. Searching for the similar (474-476)
151. Client led approach (476-478)
152. Heightened awareness of issues of engagement and the relationship (478-481)
153. Importance of gender in some ethnic minority groups (481-484)
154. Gender match more important to some ethnic minority groups (481-484)
155. Gender match leads to a more equal relationship (481-485)
156. Difference in gender and ethnicity leads to a barrier in therapy (491-494)
157. Self as reflective practitioner (494-502)
158. Ethnic difference does not negatively impact the therapeutic relationship (502-503)
159. Awareness of impact of cultural attitudes (504-505)
160. Focus on practical issues in therapy rather than personal feelings (487-506)
161. Adjustment of practice unconscious process – 'instinct' (510-512)

- 162. Lack of consideration given to potential impact of ethnicity (510-512)
- 163. Complication of language differences (513-516)
- 164. Simplifying approach where English second language(514-515)
- 165. Difference in cultural attitudes not as significant as language (522-525)
- 166. Focus on ethnicity in therapy only if important to the client (527-530)
- 167. Self less likely to raise ethnicity as an issue (527-530)
- 168. Same approach regardless of ethnicity (535-537)
- 169. Challenging cultural attitudes when relevant to clients problems (547-550)
- 170. Confidence in challenging culturally held beliefs (560-564)
- 171. Appropriateness of challenging cultural beliefs determined by context (546-548, 570-571)
- 172. Difference is an illusion (599)
- 173. Cultural attitudes as separate from ethnicity (599-601)
- 174. Offering a different perspective vs. changing the client's belief (604-607)
- 175. Ethnic difference leading to opposing views (618-626)
- 176. Focus on problems caused by difference in cultural attitudes (618-626)
- 177. Not imposing own view on clients (631-633)
- 178. Self as non-directive (633-634)
- 179. Offering clients a different perspective (632-636)
- 180. Self as confident to work with ethnic difference (641-643)
- 181. Difference between competence and confidence (647-648)
- 182. Not viewing self as competent (648)
- 183. Not assuming knowledge of the client (649-650)
- 184. Learning from mistakes (652-653)

185. Confidence comes with experience (651)
186. Assuming competence has a negative impact on practice (652-653)
187. Not assuming knowledge of ethnic minority groups (655-656)
188. Approaching each client as a blank slate (658-659)
189. Not assuming to know client based on ethnicity (666-670)
190. Beginning therapy with an assumption of lack of knowledge (669-670)
191. Applying knowledge from previous experiences with ethnic minority clients (672-674)
192. Not assuming based on past experiences (675-677)
193. Questioning practice (676-677)
194. Client as an individual (677-678)
195. Fear of getting it wrong (690-691)
196. Uncertainty leads to effective practice (692-693)
197. Uncertainty promotes reflection (693-700)
198. Allowing the client to direct therapy process (699-700)
199. The risk of feeling competent (700-703)
200. Not assuming to know based on reading about ethnic minority groups (703-705)
201. Feeling able to work with ethnic difference (706-710)
202. Taking the stance of not knowing vs. knowing (710-711)
203. Not defining a person by their ethnicity (711-713)
204. Not generalising (711-713)
205. People as human being vs. ethnic group (714-717)
206. Messages sent to clients about importance of ethnicity (711-717)
207. Recognition of ethnicity as part of the person (717-719)
208. Willingness to ask client if lacking knowledge/understanding (719-720)

- 209. Polarised view = agreeing vs. disagreeing with cultural beliefs (720-724)
- 210. Acceptance of cultural beliefs (725-727)
- 211. Ethnic difference leads to difference in cultural beliefs (720-727)
- 212. Not attempting to change cultural beliefs (726-727)
- 213. Different worlds (732-733)
- 214. Acknowledging difference in perspective to client (732-733)
- 215. Asking clients about their world (733-737)
- 216. Learning from the client's story (736-738)
- 217. Increasing exposure to ethnic minority groups to learn (750-754)
- 218. Contact with ethnic minority groups in personal life to increase confidence (743-753)
- 219. Learning outside the therapy room (750-754)
- 220. Importance of learning about different groups (756-757)
- 221. Reading to increase knowledge (757-762)
- 222. Personal exposure to different ethnic minority groups increases knowledge and confidence (764-766)
- 223. Addressing anxiety about ethnic minority groups through exposure (769-770)
- 224. Engaging in conscious process of reflection about gaps in knowledge (769-770)
- 225. Personal passion for experiencing different cultures (771-775)
- 226. Looking for the similar (775-776)
- 227. Experiencing different ethnicities leads to reduced perception of difference (774-776)
- 228. Less personal experience of ethnic groups increases awareness of difference (797-800)
- 229. Importance of seeking out different cultural experiences to enhance practice (802-806)

- 230. Engaging with ethnic minority groups in personal life increase confidence in practice (805-808)
- 231. Lessing the concept of difference vs. working with difference (808-810)
- 232. Focusing on difference increases anxiety and uncomfortableness (811-812)
- 233. Client's awareness and response to therapist anxiety (811-815)
- 234. Self belief of effective practice with ethnic minority clients (824-825)
- 235. The need to present self as competent and confident (824-825)
- 236. Reflective practice (828-830)
- 237. Questioning practice when ethnic minority clients do not engage (828-830)
- 238. Asking the client for feedback (851)
- 239. Positive feedback as an indicator of effective practice (853)
- 240. Reflecting on the impact of ethnicity on the therapy process (857-861)
- 241. Lack of focus on the impact of ethnic difference (857-861)
- 242. Awareness of self presentation in interview (854-861)

APPENDIX I: Process of identifying super-ordinate themes

First Draft

Nature of Difference	Confidence & Competence	Factors Affecting Interaction	Issues in Practice		Different Worlds
Difference - Barrier or Not?	Presentation of Self (to Interviewer)	Minimising Difference	Working with Client Ethnicity	VS Only Including Ethnicity when Relevant	We are from Different Worlds
Difference - Gender	Seeking the Similar	Connecting / Collaborative	Adjusting Practice	VS Minimising Difference	Western Perspective - Lead Client
Other Difference - Age, Class, Language	Learning from the client	Process of Developing Empathy / Understanding	Dancing Around Issues in Ethnicity	VS Client's Picking Up on the Therapist's Discomfort	Developing Empathy
Polarised Thinking Right or Wrong?	Being Reflective	Western Perspective - Showing Client their World			
Ethnic Client as Very Different	Anxiety about Getting it Wrong (in Interview)	Impact of Personal Values / Belief			
Client View of Therapy	Reluctance to Talk about Self				

Second Draft

Nature of Difference	Anxiety	Connected	Who's World?	Issues in Practice		Improving Competence with Ethnic Minority Clients
Difference - Barrier or Not?	Presentation of Self (to Interviewer)	Power Imbalance	We are from Different World's	Working with Client Ethnicity	VS Only Including Ethnicity when Relevant	Reflective Practioner and Presentation of Self
Other Difference Age, Class, Language, Gender	Seeking the Similar	Connecting	Role of Western Perspectives	Adjusting Practice	VS Minimising Difference	Taking Responsibility to Increase Knowledge and Understanding
Polarised Thinking Wrong or Right?	Anxiety about Getting it Wrong	Impact of Personal Values/Belief	Process of Developing Empathy	Dancing Around Issues in Ethnicity	VS Client's Picking Up on the Therapist's Discomfort	Learn from the Client
Client View of Therapy	Reluctance to Talk about Self	Non-Assuming Approach	Client View of the Therapy	Difference Helps	VS Difference Hinders	Experience as an aid
				Anxiety about Getting it Wrong	VS Connecting	

